SERFF Tracking Number:	*LFCR-126567407*	*State:*	*Arkansas*
Filing Company:	*Massachusetts Mutual Life Insurance Company*	*State Tracking Number:*	*45329*
Company Tracking Number:	*MM500 2010 REFINEMENTS - AR*		
TOI:	*LTC03I Individual Long Term Care*	*Sub-TOI:*	*LTC03I.001 Qualified*
Product Name:	*SignatureCare*		
Project Name/Number:	*/*		

Filing at a Glance

Company: Massachusetts Mutual Life Insurance Company

Product Name: SignatureCare	SERFF Tr Num: LFCR-126567407	State: Arkansas
TOI: LTC03I Individual Long Term Care	SERFF Status: Closed-Approved-Closed	State Tr Num: 45329
Sub-TOI: LTC03I.001 Qualified	Co Tr Num: MM500 2010 REFINEMENTS - AR	State Status: Closed
Filing Type: Form/Rate		Reviewer(s): Marie Bennett
	Authors: Smith Darlene, Chuck Gray	Disposition Date: 04/14/2010
	Date Submitted: 04/01/2010	Disposition Status: Approved-Closed
Implementation Date Requested: On Approval		Implementation Date:

State Filing Description:

General Information

Project Name:	Status of Filing in Domicile: Pending
Project Number:	Date Approved in Domicile:
Requested Filing Mode: Review & Approval	Domicile Status Comments:
Explanation for Combination/Other:	Market Type: Individual
Submission Type: New Submission	Group Market Size:
Overall Rate Impact:	Group Market Type:
Filing Status Changed: 04/14/2010	Explanation for Other Group Market Type:
	State Status Changed: 04/14/2010
Deemer Date:	Created By: Smith Darlene
Submitted By: Smith Darlene	Corresponding Filing Tracking Number:

Filing Description:

March 18, 2010

SERFF Tracking Number:	*LFCR-126567407*	*State:*	*Arkansas*
Filing Company:	*Massachusetts Mutual Life Insurance Company*	*State Tracking Number:*	*45329*
Company Tracking Number:	*MM500 2010 REFINEMENTS - AR*		
TOI:	*LTC03I Individual Long Term Care*	*Sub-TOI:*	*LTC03I.001 Qualified*
Product Name:	*SignatureCare*		
Project Name/Number:	*/*		

RE: MASSACHUSETTS MUTUAL LIFE INSURANCE COMPANY – NAIC # 65935
Long Term Care filing of Tax-Qualified Policy forms listed in the attached Form Filing Cover Sheet
For use with forms previously approved under SERFF Tracking # LFCR-125292639 on 12/10/07 and SERFF Tracking #LFCR-125715451 on 7/21/08

Dear:

The above referenced forms are being filed for your review and approval. These forms represent enhancements to the previously approved form filing indicated above.

Rider Form MM500R-COMP, Compound Inflation Protection Rider, on each policy anniversary date the rider will increase the Daily Benefit Amount and the Total Benefit Amount, as well as the Daily and Lifetime Limit for Coverage Outside of the United States in effect immediately prior to the policy anniversary date, by either three (3) or five (5%). The applicant will select the applicable percentage on the application (which becomes part of the policy) and this percentage will be indicated on the policy schedule page. A sample schedule page is attached for your reference. This rider replaces MM500R-CIP previously approved under the above referenced filing.

Rider Form MM500R-SIMP, Simple Inflation Protection Rider, previously approved Rider Form MM500R-SIP is being updated to include references to the Daily and Lifetime Limit for Coverage Outside of the United States (see schedule page). No other changes have been made to the previously approved rider.

Rider Form MM500R-INDM, Indemnity Benefit Rider, changes benefits payable for Facility Services and Home and Community Based Services from an expense incurred basis to an indemnity basis. This rider replaces Rider form MM500R-IND-1 under which indemnity benefits paid were tied to the current “per diem” maximum. Indemnity benefits under the new rider are now being paid regardless of expenses incurred.

A new Limited Premium Payment Option Disclosure MMD-LTD, will be provided to an applicant selecting either the 10-Year or Paid-Up at age 65 Premium Payment Options, for full fair disclosure on the operation of this payment method. A signed copy of the disclosure will be left with the applicant and a copy submitted with the application.

Please note that the Authorization for Disclosure, Receipt and Use of Personal Information F8186 0210, is being filed as a separate form for informational purposes, as this form was previously approved for use as F8186 1006. The form meets the requirements of HIPAA as set in 45 CFR, Section 164.508

Updated Form MM500-CNRT, Conditional Premium Receipt Information, will be provided to the applicant

at the time of solicitation. This form has been re-formatted. In addition under the section “The Initial Premium will be returned and this Conditional Receipt will be null and void under of the following circumstances”, item 2 has been revised from 90 days to 120 days. No other changes have been made to the previously approved form, MM500-CRT.

The long term care insurance policy and all riders will be applied for on Application MM500AP-AR. The application contains some re-formatting and (Part 7) now includes and replaces the Covered Partner’s or Partner’s Benefit Disclosure language previously contained in form MMD-APB (approved under the filing referenced above).

The appropriate updated Outline of Coverage, MM500-OOC-AR (for Comprehensive coverage) or MM501-OOC-AR (for Facility Services Only coverage) will be provided to each applicant at time of application. These outlines replace those previously approved under the above referenced filing number, but were replaced with those that were filed under SERFF Tracking #LFCR-125715451. The only updates to the outline are those addressing the three replacement riders being offered. No other changes were made to the previously approved forms.

As indicated on the Cover Sheet copies of any other previously approved forms were provided with the approved filing referenced above.

Finally, we are including an actuarial addendum addressing the updated Compound Inflation Protection Rider and Indemnity Benefit Rider. An updated flesch certification is also attached.

Concurrent with this filing, these forms are being filed in the company’s domiciliary state, Massachusetts.

Thank you for your assistance with this filing.

Sincerely,

Julie Storry
Senior Compliance Analyst
(800) 366-5463 ext. 2288
Email: julie.storry@lifecareassurance.com

Company and Contact

Filing Contact Information

SERFF Tracking Number:	*LFCR-126567407*	*State:*	*Arkansas*
Filing Company:	*Massachusetts Mutual Life Insurance Company*	*State Tracking Number:*	*45329*
Company Tracking Number:	*MM500 2010 REFINEMENTS - AR*		
TOI:	*LTC03I Individual Long Term Care*	*Sub-TOI:*	*LTC03I.001 Qualified*
Product Name:	*SignatureCare*		
Project Name/Number:	*/*		

Julie Storry, Senior Compliance Analyst julie.storry@lifecareassurance.com
P.O. Box 4243 818-867-2288 [Phone]
Woodland Hills, CA 91365-4243 818-867-2508 [FAX]

Filing Company Information

(This filing was made by a third party - LCA01)

Massachusetts Mutual Life Insurance Company	CoCode: 65935	State of Domicile: Massachusetts
Long Term Care Administrative Office	Group Code: 435	Company Type:
P.O. Box 4243	Group Name:	State ID Number:
Woodland Hills, CA 91365-4243	FEIN Number: 04-1590850	

(818) 867-2450 ext. [Phone]

Filing Fees

Fee Required?	Yes
Fee Amount:	$500.00
Retaliatory?	Yes
Fee Explanation:	$50.00 per Form X9
	$50.00 per Rate X1
Per Company:	No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Massachusetts Mutual Life Insurance Company	$500.00	04/01/2010	35318729

SERFF Tracking Number:	*LFCR-126567407*	*State:*	*Arkansas*
Filing Company:	*Massachusetts Mutual Life Insurance Company*	*State Tracking Number:*	*45329*
Company Tracking Number:	*MM500 2010 REFINEMENTS - AR*		
TOI:	*LTC03I Individual Long Term Care*	*Sub-TOI:*	*LTC03I.001 Qualified*
Product Name:	*SignatureCare*		
Project Name/Number:	*/*		

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Marie Bennett	04/14/2010	04/14/2010

SERFF Tracking Number:	*LFCR-126567407*	*State:*	*Arkansas*
Filing Company:	*Massachusetts Mutual Life Insurance Company*	*State Tracking Number:*	*45329*
Company Tracking Number:	*MM500 2010 REFINEMENTS - AR*		
TOI:	*LTC03I Individual Long Term Care*	*Sub-TOI:*	*LTC03I.001 Qualified*
Product Name:	*SignatureCare*		
Project Name/Number:	*/*		

Disposition

Disposition Date: 04/14/2010
Implementation Date:
Status: Approved-Closed
Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number:	*LFCR-126567407*	*State:*	*Arkansas*
Filing Company:	*Massachusetts Mutual Life Insurance Company*	*State Tracking Number:*	*45329*
Company Tracking Number:	*MM500 2010 REFINEMENTS - AR*		
TOI:	*LTC03I Individual Long Term Care*	*Sub-TOI:*	*LTC03I.001 Qualified*
Product Name:	*SignatureCare*		
Project Name/Number:	*/*		

Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification		Yes
Supporting Document	Application		Yes
Supporting Document	Health - Actuarial Justification		Yes
Supporting Document	Outline of Coverage		Yes
Supporting Document	Cover Sheet		Yes
Supporting Document	Certification of Compliance		Yes
Supporting Document	Actuarial Addendum		Yes
Supporting Document	Authorization		Yes
Form	Compound Inflation Protection Rider		Yes
Form	Simple Inflation Protection Rider		Yes
Form	Indemnity Benefit Rider		Yes
Form	Outline of Coverage for Long Term Care Policy		Yes
Form	Outline of Coverage for Facility Services		Yes
Form	Application for Long Term Care Insurance Policy		Yes
Form	Conditional Premium Receipt Information		Yes
Form	Limited Premium Payment Option Disclosure		Yes

SERFF Tracking Number:	*LFCR-126567407*	*State:*	*Arkansas*
Filing Company:	*Massachusetts Mutual Life Insurance Company*	*State Tracking Number:*	*45329*
Company Tracking Number:	*MM500 2010 REFINEMENTS - AR*		
TOI:	*LTC03I Individual Long Term Care*	*Sub-TOI:*	*LTC03I.001 Qualified*
Product Name:	*SignatureCare*		
Project Name/Number:	*/*		

Form Schedule

Lead Form Number:

Schedule Item Status	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
	MM500R-COMP	Certificate Amendment, Insert Page, Endorsement or Rider	Compound Inflation Protection Rider	Revised	Replaced Form #: MM500R-CIP Previous Filing #: LFCR-125292639		MM500R-COMP.pdf
	MM500R-SIMP	Certificate Amendment, Insert Page, Endorsement or Rider	Simple Inflation Protection Rider	Revised	Replaced Form #: MM500R-SIP Previous Filing #: LFCR-125292639		MM500R-SIMP.pdf
	MM500R-INDM	Certificate Amendment, Insert Page, Endorsement or Rider	Indemnity Benefit Rider	Revised	Replaced Form #: MM500R-IND-1 Previous Filing #: LFCR-125292639		MM500R-INDM.pdf
	MM500-OOC-AR	Outline of Coverage	Outline of Coverage for Long Term Care Policy	Revised	Replaced Form #: MM500-OC-1-AR Previous Filing #: LFCR-125292639		MM500-OOC-AR.pdf
	MM501-OOC-AR	Outline of Coverage	Outline of Coverage for Facility Services	Revised	Replaced Form #: MM501-OC-1-AR Previous Filing #: LFCR-125292639		MM501-OOC-AR.pdf
	MM500-AP-AR	Application/ Enrollment Form	Application for Long Term Care Insurance Policy	Revised	Replaced Form #: MM500-A-1-AR Previous Filing #: LFCR-125292639		MM500-AP-AR.pdf

SERFF Tracking Number:	*LFCR-126567407*	*State:*	*Arkansas*
Filing Company:	*Massachusetts Mutual Life Insurance Company*	*State Tracking Number:*	*45329*
Company Tracking Number:	*MM500 2010 REFINEMENTS - AR*		
TOI:	*LTC03I Individual Long Term Care*	*Sub-TOI:*	*LTC03I.001 Qualified*
Product Name:	*SignatureCare*		
Project Name/Number:	*/*		

MM500-CNRT	Other	Conditional Premium Receipt Information	Revised	Replaced Form #: MM500-CRT Previous Filing #: LFCR-125292639	MM500-CNRT.pdf
MMD-LTD	Other	Limited Premium Payment Option Disclosure	Initial		MMD-LTD.pdf

Massachusetts Mutual Life Insurance Company

Home Office: Springfield, MA 01111-0001
Long Term Care Administrative Office
P.O. Box 4243
Woodland Hills, CA 91365-4243
888.505.8952

Compound Inflation Protection Rider

This rider is part of the Policy. The Policy Effective Date for this rider is shown on the Policy Schedule of the attached Policy. It is issued in consideration of the Application and premium paid for this rider. All definitions, provisions, Limitations and Exclusions of the Policy apply to this rider unless changed by this rider. Read this rider carefully. It is a part of a legal contract between You and Us.

Compound Inflation Protection

On each Policy Anniversary Date while the Policy to which this rider is attached remains in force, including while We are paying benefits under the Policy, We will:

- increase the Policy's Daily Benefit Amount and the Daily Limit for Coverage Outside of the United States in effect immediately prior to the Policy Anniversary Date by the percentage increase rate selected on Your application and shown on the Policy Schedule; and
- increase the Policy's Total Benefit Amount and the unused portion of the Lifetime Limit for Coverage Outside of the United States in effect immediately prior to the Policy Anniversary Date by the same percentage increase rate.

Your 30 Day Free Look Period

If You are not satisfied with this rider, You may return it to Our agent or Us within thirty (30) days from the date You receive it. We will then refund any premium paid for this rider and this rider will be considered never to have been in effect.

Signed for the Massachusetts Mutual Life Insurance Company at Springfield, Massachusetts.

President

Secretary

Massachusetts Mutual Life Insurance Company

Home Office: Springfield, MA 01111-0001
Long Term Care Administrative Office
P.O. Box 4243
Woodland Hills, CA 91365-4243
888.505.8952

Simple Inflation Protection Rider

This rider is part of the Policy. The Policy Effective Date for this rider is shown on the Policy Schedule of the attached Policy. It is issued in consideration of the Application and premium paid for this rider. All definitions, provisions, Limitations and Exclusions of the Policy apply to this rider unless changed by this rider. Read this rider carefully. It is a part of a legal contract between You and Us.

Simple Inflation Protection

On each Policy Anniversary Date while the Policy to which this rider is attached remains in force, including while We are paying benefits under the Policy, We will:

- increase the Policy's Daily Benefit Amount and the Daily Limit for Coverage Outside of the United States in effect immediately prior to the Policy Anniversary Date by five percent (5%) of the original Daily Benefit Amount in effect at the time the Policy was issued; and
- increase the Policy's Total Benefit Amount and the unused portion of the Lifetime Limit for Coverage Outside of the United States in effect immediately prior to the Policy Anniversary Date by an amount equal to the proportional increase in the Daily Benefit Amount.

Your 30 Day Free Look Period

If You are not satisfied with this rider, You may return it to Our agent or Us within thirty (30) days from the date You receive it. We will then refund any premium paid for this rider and this rider will be considered never to have been in effect.

Signed for the Massachusetts Mutual Life Insurance Company at Springfield, Massachusetts.

President

Secretary

Massachusetts Mutual Life Insurance Company

Home Office: Springfield, MA 01111-0001
Long Term Care Administrative Office
P.O. Box 4243
Woodland Hills, CA 91365-4243
888.505.8952

Indemnity Benefit Rider

This rider is part of the Policy. The Policy Effective Date for this rider is shown on the Policy Schedule of the attached Policy. It is issued in consideration of the Application and premium paid for this rider. All definitions, provisions, Limitations and Exclusions of the Policy apply to this rider unless changed by this rider. Read this rider carefully. It is a part of a legal contract between You and Us.

Indemnity Benefit

If the Insured has Covered Expenses under the Facility Services Benefit or the Home and Community Based Services Benefit, We will pay the Indemnity Benefit Amount shown on the Policy Schedule, regardless of actual charges incurred by You.

The Indemnity Benefit Rider will be paid in accordance with the Payment of Claims provisions of the Policy.

Non-Duplication of Benefits

The Non-Duplication of Benefits provision stated in the Policy is DELETED in its entirety.

Your 30 Day Free Look Period

If You are not satisfied with this rider, You may return it to Our agent or Us within thirty (30) days from the date You receive it. We will then refund any premium paid for this rider and this rider will be considered never to have been in effect.

Signed for the Massachusetts Mutual Life Insurance Company at Springfield, Massachusetts.

President

Secretary

Massachusetts Mutual Life Insurance Company

Home Office: Springfield, MA 01111-0001
Long Term Care Administrative Office
P.O. Box 4243
Woodland Hills, CA 91365-4243
888.505.8952

Outline of Coverage for Long Term Care Insurance Policy Form MM500-P-AR

NOTICE TO BUYER: This Policy may not cover all of the costs associated with long term care incurred by the buyer during the period of coverage. The buyer is advised to review carefully all Policy limitations.

Caution: The issuance of this Long Term Care Insurance Policy is based upon the responses to the questions on the Application. A copy of the Application is enclosed. If the responses are incorrect or untrue, the Company may have the right to deny benefits or rescind the Policy. The best time to clear up any questions is now, before a claim arises! If, for any reason, any of the responses are incorrect, contact Us at the Long Term Care Administrative Office address shown above.

The Policy is an individual Policy of insurance.

PURPOSE OF OUTLINE OF COVERAGE

This outline of coverage provides a very brief description of the important features of the Policy. You should compare this outline of coverage to outlines of coverage for other policies available to You. This is not the insurance contract, but only a summary of coverage. Only the individual Policy contains governing contractual provisions. This means that the Policy sets forth in detail the rights and obligations of both You and the Company. Therefore, if You purchase this coverage, or any other coverage, it is important that You READ YOUR POLICY CAREFULLY!

FEDERAL TAX CONSEQUENCES

THE POLICY IS INTENDED TO BE A FEDERALLY TAX-QUALIFIED LONG TERM CARE INSURANCE CONTRACT AS DEFINED UNDER SECTION 7702B(b) OF THE INTERNAL REVENUE CODE OF 1986, as amended, and will be endorsed to conform to changes in that definition. You should consult with Your attorney, accountant, or tax advisor regarding the tax implications of purchasing this long term care insurance.

TERMS UNDER WHICH THE POLICY MAY BE CONTINUED IN FORCE OR DISCONTINUED

RENEWABILITY: THE POLICY IS GUARANTEED RENEWABLE. This means You have the right, subject to the terms of the Policy, to continue the Policy as long as You pay Your premiums on time. Massachusetts Mutual Life Insurance Company cannot change any of the terms of the Policy on its own, except that, in the future, IT MAY INCREASE THE PREMIUM YOU PAY.

Waiver of Premium

Premiums will not be due once We begin paying, and for as long as We continue to pay, benefits for Facility Services or Home and Community Based Services under the Policy. We will return any unearned premium to You on a pro-rata basis. Premium will again become due when We are no longer paying You because the Insured is no longer receiving Facility Services, or Home and Community Based Services at least once every week.

For an additional premium payment, an optional Waiver of Premium for Covered Partner Rider is also available, as described below.

TERMS UNDER WHICH THE COMPANY MAY CHANGE PREMIUMS

Premiums are subject to change. We can only change the premiums for the Policy if We change premiums, subject to the approval of the appropriate regulatory authority of the state in which this

Policy was issued. We will give You at least sixty (60) days written notice at Your last address shown in Our records before We change Your premium.

TERMS UNDER WHICH THE POLICY MAY BE RETURNED AND PREMIUM REFUNDED

If You are not satisfied with the Policy, You may return it to Our agent or Us within thirty (30) days from the date You receive it. We will then refund any premium You have paid and the Policy, all riders and attachments will be considered never to have been in effect. Upon the death of the Insured, We will refund any unearned premium for the Policy on a pro-rata basis. We will make this refund within thirty (30) days of Our receipt of proof of the Insured's death. If You cancel the Policy after thirty (30) days, any unearned premium will be refunded to You on a pro-rata basis. If You purchase one of the optional Return of Premium Riders, upon the death of the Insured, all or a portion of the premiums paid for the Policy and riders will be returned to You, if other than the Insured, or Your Beneficiary.

THIS IS NOT MEDICARE SUPPLEMENT COVERAGE

If the Insured is eligible for Medicare, review the "Guide to Health Insurance for People with Medicare" available from Us. Neither Massachusetts Mutual Life Insurance Company nor its agents represent Medicare, the federal government or any state government.

LONG TERM CARE COVERAGE

Policies of this category are designed to provide coverage for one (1) or more necessary or medically necessary diagnostic, preventive, therapeutic, rehabilitative, Maintenance or Personal Care Services, provided in a setting other than an acute care unit of a hospital, such as in a nursing home, in the community or in the home.

The Policy provides coverage for Qualified Long Term Care Services in the form of an expense incurred benefit for covered long term care expenses, subject to Policy Elimination Periods, Limitations and Exclusions described below.

BENEFITS PROVIDED BY THE POLICY

Covered Services

The Policy provides benefits for Qualified Long Term Care Services performed in a nursing facility or assisted living facility, and Maintenance or Personal Care Services performed in an assisted living facility and hospice care provided in a hospice facility. A Prescription Drug Benefit and Bed Reservation Benefit are available if Facility Services are being received in a nursing facility, assisted living facility or hospice facility. The Policy provides benefits for Home and Community Based Services, including home health care, adult day care and hospice care at home. Additional Policy benefits include those for Caregiver Training, an Emergency Response System, Ambulance Services and an Alternative Plan of Care.

Elimination Period

This is the number of days the Insured must receive either Facility Services or Home and Community Based Services, as defined in the Policy, pursuant to a Plan of Care, while the Policy is in force and the Insured is certified as being Chronically Ill, before We will begin paying benefits. An Elimination Period of thirty (30), sixty (60), ninety (90) or one hundred eighty (180) days may be chosen. For each day the Insured receives Facility Services or Home and Community Based Services, We will credit one (1) day toward satisfaction of the Elimination Period. These days do not need to be consecutive. Once the Insured has satisfied the Elimination Period, no future Elimination Period is required. Days may be accumulated under separate claims in order to satisfy the Elimination Period.

For an additional premium payment an Enhanced Elimination Period Rider is available, as described below.

Elimination Period for Coverage Outside of the United States

This is the number of days after the Insured has satisfied the Elimination Period previously described and receives either Facility Services or Home and Community Based Services Outside of the United States, as defined in the Policy, pursuant to a Plan of Care, while the Policy is in force and the Insured is certified as being Chronically Ill, before We will begin paying benefits for coverage Outside of the United States. Days on which the Insured receives Facility Services or Home and Community Based Services Outside of the United States will first be used to satisfy the Elimination Period previously described. Once this Elimination Period has been satisfied, We will credit one (1) day towards satisfaction of the

Elimination Period for Coverage Outside of the United States. This number of days will be equal to the number of days selected for the Elimination Period previously described. These days do not need to be consecutive; however, days will not be accumulated under separate claims in order to satisfy the Elimination Period for Coverage Outside of the United States. The Insured must first satisfy the Elimination Period before days will count towards satisfaction of the Elimination Period for Coverage Outside of the United States.

Total Benefit Amount

An unlimited Total Benefit Amount may be chosen for Lifetime coverage, or a lesser amount determined by multiplying the Daily Benefit Amount chosen by the Benefit Period selected - either 3,650 days (10 Years), 2,190 days (6 Years), 1,825 days (5 Years), 1,460 days (4 Years), 1,095 days (3 Years) or 730 days (2 Years). The result will be the Total Benefit Amount for all benefits payable under the Policy.

Daily Benefit Amount

The initial Daily Benefit Amount will be shown on the Policy Schedule page of the Policy. The current Daily Benefit Amount will be the initial Daily Benefit Amount adjusted to reflect the provisions of any inflation protection rider attached to the Policy.

Facility Services Benefit

Benefits are payable for Covered Expenses incurred for Qualified Long Term Care Services (including skilled, intermediate or custodial, nursing care), provided in a nursing facility or assisted living facility, Maintenance or Personal Care Services performed in an assisted living facility and hospice care provided in a hospice facility. Covered Expenses means the actual daily cost of each day's Facility Services received up to the Daily Benefit Amount. Premium rates will vary according to the Daily Benefit Amount selected.

Facility Prescription Drug Benefit

Benefits are payable for Covered Expenses incurred for prescription drugs when the Insured is receiving Facility Services under the Policy. Covered Expenses means the actual monthly cost of the Insured's prescription drugs up to the monthly maximum equal to the Daily Benefit Amount. This benefit is not payable if the Insured is receiving Home and Community Based Services or the Insured is confined in a hospital.

Facility Bed Reservation Benefit

Benefits are payable if Facility Services are being received in a nursing facility, assisted living facility or hospice facility and Covered Expenses are incurred for a Facility Bed Reservation. Covered Expenses means the actual cost charged by the Facility to reserve accommodations for each day the Insured is temporarily absent from the Facility, up to the Daily Benefit Amount. The Policy Year maximum for this benefit is sixty (60) times the Daily Benefit Amount.

Home and Community Based Services Benefit

Benefits are payable for Covered Expenses for Home and Community Based Services. Covered Expenses means the actual daily cost of each day's Home and Community Based Services received up to the Daily Benefit Amount. Benefits include home health care provided through a qualified Home Health Care Agency or Independent Home Health Caregiver, in a setting other than a hospital, nursing facility, assisted living facility or hospice facility. Home health care includes professional nursing care by or under the supervision of an RN or other licensed nurse; care by a qualified Home Health Aide; therapeutic care services by or under the supervision of a speech, occupational, physical, or respiratory therapist, licensed or certified under state law, if any; services provided by a registered dietician; or homemaker services. Benefits are also payable for adult day care and hospice care at home.

Emergency Response System Benefit

Benefits are payable for Covered Expenses if the Insured is receiving Home and Community Based Services benefits under the Policy. Covered Expenses means the actual monthly cost of the Insured's Emergency Response System, up to one-half (1/2) of the Daily Benefit Amount.

Ambulance Services Benefit

Benefits are payable for Covered Expenses if the Insured is receiving Home and Community Based Services benefits under the Policy. Covered Expenses means the actual cost of each day's Ambulance Services up to the Daily Benefit Amount. The Policy Year maximum for this benefit is four (4) times the Daily Benefit Amount.

Caregiver Training Benefit

Benefits are payable for Covered Expenses for training provided by a health care professional approved by Us, to an informal caregiver. Covered Expenses means the actual cost of the Caregiver Training up to the lifetime maximum of five (5) times the Daily Benefit Amount. The Insured is not required to satisfy the Elimination Period for the Policy before We will pay the Caregiver Training Benefit. Receipt of Caregiver Training by the informal caregiver does not count toward satisfaction of the Elimination Period for any other benefits payable under the Policy.

Respite Care Benefit

Benefits are payable for Covered Expenses for Qualified Long Term Care Services provided to the Insured on a short term basis to relieve an informal caregiver in the Insured's residence, a nursing facility, assisted living facility, or through a community based program. Covered Expenses means the actual cost up to the Daily Benefit Amount. The Policy Year maximum for this benefit is thirty (30) times the Daily Benefit Amount. The Insured is not required to satisfy the Elimination Period for the Policy before We will pay the Respite Care Benefit. Receipt of Respite Care does not count toward satisfaction of the Elimination Period for any other benefits payable under the Policy.

Alternative Plan of Care Benefit

Benefits are payable for Covered Expenses for an Alternative Plan of Care, for treatment or services not otherwise specified in the Policy, including, but not limited to, durable medical equipment and home modification. The Insured or the Insured's representative, the Insured's Licensed Health Care Practitioner and We must agree that the Alternative Plan of Care services are cost-effective; appropriate to the Insured's needs; provide the Insured with an equal or greater quality of care; and constitute Qualified Long Term Care Services. Covered Expenses means the actual cost of the Alternative Plan of Care services received. We reserve the right to make the final decision on any request for the Alternative Plan of Care Benefit.

Optional Personal Care Advisor Benefit

The Insured is entitled to the assistance of a Personal Care Advisor. The Insured or the Insured's representative, or a Family Member are encouraged to contact Our claim office as soon as a claim is anticipated by calling the toll-free number that will be shown on the Policy Schedule page of the Policy. We will then contact the Personal Care Services Provider and instruct them to assign a Personal Care Advisor to the Insured so that the Insured can obtain Personal Care Advisory Services as soon as possible.

If the Insured chooses to utilize the services of the Personal Care Advisor assigned by the Personal Care Advisory Services Provider, the costs of the Personal Care Advisory Services will be billed directly to Us and We will pay the Personal Care Advisory Services Provider directly. The cost of the Personal Care Advisory Services paid by Us will not reduce the Total Benefit Amount under the Policy.

The Insured is not required to satisfy the Elimination Period in order to use the services of a Personal Care Advisor. Use of the Personal Care Advisor does not count towards satisfaction of the Elimination Period. Use of a Personal Care Advisor is completely voluntary. The use or non-use of a Personal Care Advisor does not impact the right to benefits under the Policy.

Coverage Outside of the United States

Benefits are payable for Covered Expenses for Facility Services and Home and Community Based Services received Outside of the United States. Covered Expenses means the actual cost of each day's Facility Services or Home and Community Based Services received Outside of the United States, subject to Eligibility for the Payment of Benefits and the Elimination Period for Coverage Outside of the United States, as previously described. Benefits will be payable in United States currency at the conversion rate determined by the United States Treasury as of the date benefits are paid. Benefits will be payable up to one-half (1/2) of the Daily Benefit Amount. For policies with Total Benefit Amounts less

than lifetime, a maximum of twenty-five percent (25%) of the Total Benefit Amount is payable under the Policy for this benefit. For policies with lifetime Total Benefit Amounts, the lifetime maximum for this benefit is 1,825 times the Daily Benefit Amount under the Policy.

While We are paying benefits for Coverage Outside of the United States, the following benefits will not be available: Facility Prescription Drug Benefit, Facility Bed Reservation Benefit, Emergency Response System Benefit, Ambulance Services Benefit, Caregiver Training Benefit, Respite Care Benefit, or the Alternative Plan of Care Benefit.

Definitions

Activities of Daily Living:

- **Bathing:** means washing oneself by sponge bath; or in either a tub or shower, including the task of getting into or out of the tub or shower.
- **Continence:** means the ability to maintain control of bowel and bladder function; or when unable to maintain control of bowel or bladder function, the ability to perform associated personal hygiene (including caring for a catheter or colostomy bag).
- **Dressing:** means putting on and taking off all items of clothing and any necessary braces, fasteners, or artificial limbs.
- **Eating:** means feeding oneself by getting food into the body from a receptacle (such as a plate, cup, or table) or by a feeding tube or intravenously.
- **Toileting:** means getting to and from the toilet, getting on or off the toilet, and performing associated personal hygiene.
- **Transferring:** means moving into or out of bed, a chair, or wheelchair.

Ambulance Services means transportation by ambulance from the Insured's home to a facility, or to and from a facility for purposes of receiving Respite Care.

Beneficiary means the person or persons, named in the application or subsequently changed by written request, to receive payment of the return of earned premium benefit due upon the death of the Insured under the optional Return of Premium on Death Rider and the optional Full Return of Premium on Death Rider.

Chronically Ill means within the previous twelve (12) months a Licensed Health Care Practitioner has certified that the Insured:

- is unable to perform, without Substantial Assistance from another person, at least two (2) Activities of Daily Living for a period that is expected to last at least ninety (90) consecutive days due to loss of functional capacity; or
- has a Severe Cognitive Impairment.

Covered Expenses means the amount of benefit payable by Us as a result of the Insured's receipt of Qualified Long Term Care Services. The Covered Expense for each benefit available under the Policy is defined by the specific Benefit provision of the Policy.

Covered Partner means the Insured's spouse or Partner who is covered by Us under a policy with the same state policy form number as the Policy.

Emergency Response System means a personal service the Insured can alert easily (such as pressing a button on a bracelet or pendant) when in distress and in need of help. This does not include a home alarm system.

Family Member means the Insured's spouse (or Partner) and the following relatives by blood, marriage or adoption, of the Insured or the Insured's spouse (or Partner): grandparents; parents, aunts or uncles; siblings, first cousins; children, nieces, or nephews; and grandchildren.

Hands-On Assistance means the physical assistance of another person without which the Insured would be unable to perform the Activity of Daily Living.

Home Health Aide means a person, other than an RN or nurse, who provides Qualified Long Term Care Services through a Home Health Care Agency or as an Independent Home Health Caregiver. A Home Health Aide must be licensed or

certified under state law, if any, and acting within the scope of his or her license or certification at the time the Qualified Long Term Care Services are performed.

Home Health Care Agency means an entity that is regularly engaged in providing Home Health Care for compensation and employs staff, qualified by training or experience, to provide such care. The entity must: keep clinical records or care plans on all patients; provide ongoing supervision and training to its employees appropriate to the services to be provided; and have the appropriate state licensure or certification, where required. If licensure or certification is not required, the entity must be supervised by a qualified professional such as a Registered Nurse (RN), a Licensed Social Worker, or a Physician.

Independent Home Health Caregiver means a certified nursing assistant, nurse, or physical, occupational, respiratory or speech therapist, or any other person approved by Us that meets all of the following criteria:

- is independently employed and not associated with a Home Health Care Agency;
- is qualified by training and experience to provide Qualified Long Term Care Services; and
- is licensed or certified under state law, if any, and acting within the scope of his or her license at the time the Qualified Long Term Care Services are provided.

Insured means the person named as the insured on the Policy Schedule page of the Policy.

Licensed Health Care Practitioner means:

- a physician;
- a registered nurse; or
- a licensed social worker.

The Licensed Health Care Practitioner must not be a Family Member.

Maintenance or Personal Care Services means any care the primary purpose of which is the provision of needed assistance with helping the Insured conduct Activities of Daily Living while Chronically Ill. This includes protection from threats to the Insured's health and safety due to a Severe Cognitive Impairment.

Outside of the United States means outside of the United States or its territories, or Canada.

Partner means an adult who is either:

- named along with the Insured, in a valid certificate or license of civil union recognized by the state in which the Policy is issued; or
- has been living with the Insured for the past three (3) consecutive years in a committed relationship as the Insured's Partner or as a member of the Insured's family; and
  - is committed to sharing basic living expenses with the Insured; and
  - is not married to the Insured, or anyone else; and
  - if related to the Insured, belongs to the same generation of the Insured's family (e.g. brother, sister, or cousin).

Plan of Care means a written individualized plan of services prescribed by a Licensed Health Care Practitioner developed in consultation with the Insured, based upon an assessment that states the Insured is Chronically Ill. The Plan of Care will specify the type, frequency, and providers of the services most suitable to meet the Insured's long term care needs and the costs, if any, of those services. The Plan of Care must be updated as the Insured's needs change. At all times We retain the right to verify that the Insured's Plan of Care is appropriate.

Policy means the contract between You and Us.

Policy Anniversary Date means the Policy Anniversary Date as shown on the Policy Schedule page of the Policy.

Policy Year means the period from the Policy effective date to the first Policy Anniversary Date or the period from one Policy Anniversary Date to the next Policy Anniversary Date.

Qualified Long Term Care Services means necessary diagnostic, preventive, therapeutic, curing, treating, mitigating and rehabilitative services, and Maintenance or Personal Care Services, which are required by the Insured when Chronically Ill, and are provided pursuant to a Plan of Care prescribed by a Licensed Health Care Practitioner.

Severe Cognitive Impairment means the deterioration or loss of intellectual capacity that is comparable to, and includes, Alzheimer's disease and similar forms of irreversible dementia which requires Substantial Supervision. Severe Cognitive Impairment is measured by clinical evidence and standardized tests that reliably measure a person's impairment in:

- short or long term memory;
- orientation as to person (such as the person's identity), place (such as the person's location) and time (such as day, date and year); and
- deductive or abstract reasoning.

Single Claim Period means a claim for benefits under the Policy that is not interrupted by a period of one hundred eighty (180) consecutive days. If the Insured does not meet the requirements of Eligibility for the Payment of Benefits under the Policy because the Insured is no longer Chronically Ill and no benefits are paid under the Policy for a period of one hundred eighty (180) consecutive days or longer, a new Single Claim Period will be established.

Stand-By Assistance means the presence of another person within arm's reach of the Insured that is necessary to prevent, by physical intervention, injury to the Insured while performing the Activity of Daily Living.

Substantial Assistance means Hands-On or Stand-By Assistance.

Substantial Supervision means continual supervision by another person to protect a person with a Severe Cognitive Impairment or others from threats to health or safety (such as may result from wandering). Such supervision may include cueing by verbal prompting, gestures, or other similar demonstrations.

Total Benefit Amount means the remaining amount of benefits that may be paid under the Policy. The initial Total Benefit Amount is shown on the Policy Schedule page of the Policy. The Total Benefit Amount after Policy issue will be decreased by benefits paid under the Policy. The Total Benefit Amount after Policy issue will be increased in accordance with the provisions of any riders attached to the Policy and any additional benefits resulting from the crediting of dividends.

We, Us, Our means Massachusetts Mutual Life Insurance Company.

You, Your means the owner of the Policy as indicated in Our records. The owner is the Insured unless otherwise provided in the application or changed by written request.

Eligibility for the Payment of Benefits

Subject to all the terms and provisions of the Policy, We will pay the Covered Expenses for benefits described in the Policy when We verify that the Insured meets all of the following conditions:

- the Insured is Chronically Ill;
- the Qualified Long Term Care Services the Insured receives are covered under the Policy and are provided pursuant to the Plan of Care;
- coverage under the Policy was in force on the date(s) the Qualified Long Term Care Services were received by the Insured;
- unless otherwise indicated within the Policy, the Insured has satisfied the Policy's Elimination Period;
- any daily, monthly, annual, or lifetime limits on the specific benefit(s) being claimed under the Policy or any attached riders to the Policy have not been exhausted;
- the Insured meets all additional requirements indicated in the Policy for the specific benefit(s) under the Policy;
- the requirements under the FILING A CLAIM section of the Policy have been satisfied; and
- the claim is not subject to the Limitations and Exclusions contained in the Policy.

LIMITATIONS OR CONDITIONS ON ELIGIBILITY FOR THE PAYMENT OF BENEFITS

Non-Eligible Facilities

A nursing facility does not include a hospital, clinic or assisted living facility, a convalescent home, a board and rest home, a home for the aged, an adult residential care facility, a domiciliary and retirement care facility, a training center, a government or veteran's facility or any other facility where the patient is not required to pay, or the Insured's primary place of residence in an area used principally for independent residential living, or a similar establishment. An assisted living facility does not include a hospital, a nursing facility, an individual residence, or an independent living unit.

No benefits will be paid under the Policy for confinement in:

- non-eligible facilities; or
- an unlicensed facility (if licensing is required in Your state).

Limitations and Exclusions

No benefits will be paid and the Elimination Period will not be satisfied for any confinement, care, treatment or service(s):

- provided to the Insured by a Family Member;
- provided Outside of the United States except as described previously under Coverage Outside of the United States;
- for which You or the Insured have no financial liability or that is provided at no charge in the absence of insurance;
- provided in facilities operated primarily for the treatment of alcoholism or drug addiction; or
- provided in facilities operated primarily for the treatment of mental or nervous disorders.

Non-Duplication of Benefits

Benefits are not payable under the Policy for: (a) expenses incurred to the extent that such expenses are reimbursable under Medicare or would be so reimbursable but for the application of a deductible or coinsurance amount; or (b) any other state or federal workers' compensation plan, or other governmental program (except Medicaid).

For purposes of satisfying the Elimination Period, days on which the Insured meets the requirements of Eligibility for the Payment of Benefits, but coverage is excluded due to the Non-Duplication of Benefits, will count toward satisfaction of the Elimination Period.

THE POLICY MAY NOT COVER ALL EXPENSES ASSOCIATED WITH YOUR LONG TERM CARE NEEDS.

RELATIONSHIP OF COST OF CARE AND BENEFITS

Because the costs of long term care services will likely increase over time, You should consider whether and how the benefits of this plan may be adjusted. The benefit levels of the basic Policy will not increase over time. For an additional premium payment, You may purchase one of the optional Inflation Protection Riders described below.

ALZHEIMER'S DISEASE AND OTHER ORGANIC BRAIN DISORDERS

Subject to Eligibility for the Payment of Benefits and any Limitations and Exclusions described above, the Policy provides coverage if the Insured is clinically diagnosed as having Alzheimer's disease or related degenerative and dementing illnesses.

PREMIUM

Premium Payment Options

10-Year and Paid-Up at Age 65 Premium Payments

These options provide that at the end of the premium payment period if each required premium has been paid, the Policy will automatically be renewed for the rest of the Insured's life with no further premium payments required. During the premium payment period, premiums will be subject to change as described under "TERMS UNDER WHICH THE POLICY MAY BE CONTINUED IN FORCE OR DISCONTINUED" on the first page of this outline of coverage.

Long Term Care Insurance Policy

** If a PARTNERSHIP POLICY is selected below and You are age **60 or younger**, 5% Compound Inflation Protection must be selected and will be issued with Your Policy. If You are age **61-75**, either 5% Compound Inflation Protection or 5% Simple Inflation Protection must be selected and will be issued with Your Policy.*

☒ Partnership Policy ❍ Non-Partnership Policy

☒ Covered Partner Discount (two applicants) ❍ Partner Discount (one applicant)

Elimination Period: ❍ 30 Days ❍ 60 Days ☒ 90 Days ❍ 180 Days

Daily Benefit ($50 - $400): $ $100.00

Benefit Period: ❍ Lifetime ❍ 3,650 Days (10 Years) ❍ 2,190 Days (6 Years) ❍ 1,825 Days (5 Years)
❍ 1,460 Days (4 Years) ☒ 1,095 Days (3 Years) ❍ 730 Days (2 Years)

Premium Payment Options (*may select only one*):
❍ Standard Lifetime ❍ Discounted Renewals (*only available with Lifetime Premium Payment*)
The following two options are not available under age 40:
☒ 10-Year ❍ Paid-Up at Age 65 (*available to age 55*)

The following are the Annual Premiums for the coverage You have applied for:

Comprehensive coverage is Facility Services plus Home and Community Based Services (HCBS)

	First Year	Renewal
❍ Comprehensive Long Term Care Insurance Policy	$	$
☒ Comprehensive with Indemnity Benefit Rider (Form MM500R-INDM)	$ 565.67	$ 565.67
❍ Comprehensive with HCBS Monthly Benefit Rider (Form MM500R-MTH)	$	$
Inflation Protection Riders (may select only one) *		
☒ 5% Compound Inflation Protection (Form MM500R-COMP)	$ 810.59	$ 810.59
❍ 3% Compound Inflation Protection (Form MM500R-COMP)	$	$
❍ 5% Simple Inflation Protection (Form MM500R-SIMP)	$	$
Return of Premium Riders (may select only one)		
❍ Full Return of Premium on Death *(available to age 65)* (Form MM500R-FROP)	$	$
❍ Return of Premium on Death (Form MM500R-ROP)	$	$
Elimination Period Riders (may select only one)		
❍ Enhanced Elimination Period (Form MM500R-EEP)	$	$
❍ HCBS Waiver of the Elimination Period (Form MM500R-WOE)	$	$
Other Riders		
❍ Shortened Benefit Period Nonforfeiture (Form MM500R-SBN)	$	$
❍ Restoration of Benefits *(not available with Lifetime Benefit Period)* (Form MM500R-ROB)	$	$
Covered Partner Riders (if applying as Covered Partners both must select any of the following riders)		
❍ Waiver of Premium for Covered Partner (Form MM500R-WOP)	$	$
❍ Paid-Up Survivor Benefit *(available only with Lifetime Premium Payment Option)* (Form MM500R-SVR)	$	$
❍ Shared Care Benefit **(Covered Partner coverage must be identical)** *(not available with Lifetime Benefit Period)* (Form MM500R-SCB)	$	$
Additional Premium for 10-Year or Paid-Up at Age 65	$ 2,369.93	$ 2,369.93
TOTAL ANNUAL PREMIUM	$ 2,435.03	$ 2,435.03

ADDITIONAL FEATURES

Medical Underwriting

The Insured's insurability for the Policy will be determined by the answers given in the Application and any other authorized medical information We obtain regarding the Insured's current state of health.

Grace Period

Except for the first premium, You will have thirty-one (31) days after each due date to pay the premium due. The Policy remains in force during the Grace Period.

Unintentional Lapse

If the premium is not paid by the thirtieth (30th) day of the Grace Period, We will provide written notice to You and the Insured, if different, and any individuals designated by You or the Insured, if different, to receive notice of non-payment of premium. Notice will be sent at least thirty (30) days before cancellation of Your coverage. If the premium is not paid within thirty-five (35) days after notice is sent, the Policy will lapse for non-payment of premium.

Dividends

While the Policy is in force, We may credit it with dividends. Dividends are based on divisible surplus, if any, as We apportion at the end of each Policy Year. Dividends credited to the Policy will be used to reduce the future premiums for the Policy. If the Policy is not in premium paying status, the dividends will be used to increase the future benefits of the Policy. Dividends, if any, are not anticipated to be credited before the later of the later of (a) the Policy Anniversary Date after the Insured attains sixty-five (65) years of age, or (b) the tenth (10th) Policy Anniversary Date.

Nonforfeiture Benefits

If You choose not to select the following optional nonforfeiture rider, a contingent benefit upon lapse will be available if: (a) the Policy lapses as described under the Grace Period and Unintentional Lapse provisions of the Policy; and (b) the premium rates for the Policy are substantially increased. The benefit provided will be in the form of a Shortened Benefit Period as described below.

In addition to the contingent nonforfeiture benefit described above, if You select a limited premium payment option an additional contingent nonforfeiture benefit may also be available in the form of a reduced "paid-up" policy.

OPTIONAL RIDERS (available for an additional premium payment)

Shortened Benefit Period Nonforfeiture

The rider provides a benefit when the Policy lapses, after being in force for at least three (3) years, due to the non-payment of premium. The Policy will become paid-up with modified coverage based on the Daily Benefit Amount in effect immediately prior to the date of lapse. The Total Benefit Amount payable under the rider will be reduced to the greater of: (a) the total of all premiums paid prior to the date of lapse for the Policy and all riders or (b) thirty (30) times the Daily Benefit Amount in effect immediately prior to the date of lapse of the Policy.

Full Return of Premium on Death

If the Insured dies while the Policy is in force, We will pay to Your Beneficiary a benefit equal to the total of all earned premiums paid for the Policy and all attached riders. In the event You have not designated a Beneficiary, this amount will be paid to You, if living, or to Your estate. Upon death of the Insured, We will refund any unearned premium for the Policy on a pro-rata basis.

Return of Premium on Death

If the Insured dies while the Policy is in force, We will pay to Your Beneficiary a benefit equal to the total of all earned premiums paid for the Policy and all attached riders, less all benefits paid under the Policy. In the event You have not designated a Beneficiary, this amount will be paid to You, if living, or to Your estate. Upon death of the Insured, We will refund any unearned premium for the Policy on a pro-rata basis.

Indemnity Benefit

The rider will pay the full Daily Benefit Amount for Facility Services or Home and Community Based Services, regardless of the actual expenses incurred by You.

Enhanced Elimination Period

The rider modifies the previously described Elimination Period and provides that if the Insured receives at least one (1) day of Facility Services or Home and Community Based Services within a seven (7)-day period (Sunday through Saturday), We will credit seven (7) days toward satisfaction of the Elimination Period.

Home and Community Based Services Waiver of Elimination Period

The rider will waive the requirement to satisfy the Elimination Period for purposes of receiving benefits under the Home and Community Based Services Benefit. Days for which a Home and Community Based Services Benefit is paid for under the rider are credited towards the satisfaction of the Elimination Period for other benefits under the Policy. However, no days will be credited toward satisfaction of the Elimination Period for Coverage Outside of the United States.

Waiver of Premium for Covered Partner

The rider will waive the premium payments for the Policy to which the rider is attached during any period in which the premium payments for the Covered Partner's policy are waived. A Waiver of Premium for Covered Partner must be issued with and remain attached to the Covered Partner's policy. Both the Policy, including the rider and the Covered Partner's policy, including the rider, must remain in force. If both policies or the rider do not remain in force, the rider will terminate and the premium for the rider will end.

Home and Community Based Services Monthly Benefit

The rider replaces the Home and Community Based Services daily reimbursement limit with a monthly reimbursement limit. We will pay a benefit equal to Covered Expenses incurred. Covered Expenses means the actual cost of Home and Community Based Services received during a calendar month, up to the Monthly Benefit Amount. The Monthly Benefit Amount for a given calendar month is equal to the Daily Benefit Amount times thirty-one (31), less any Facility Services Benefits received during that calendar month.

Restoration of Benefits

The rider will restore the Total Benefit Amount selected to its original amount and then adjust for the effects of an inflation protection rider, if any, attached to the Policy, if We pay benefits under the Policy and the Insured subsequently Recovers. Under the rider, Recovers means that the Insured has not exhausted the Total Benefit Amount and for a period of one hundred eighty (180) consecutive days prior to the date the benefits are restored the following three (3) conditions are satisfied: (a) the Policy is in force and premiums are not waived; (b) the Insured is no longer Chronically Ill; and (c) We have not paid benefits under the Policy during the one hundred eighty (180) consecutive days. Benefits may be restored more than once. However, the rider will terminate and the premium for the rider will no longer be due when the total of all amounts, adjusted for the effects of an inflation protection rider, if any, attached to the Policy, restored over the lifetime of the rider is equal to the original Total Benefit Amount. The rider will terminate when the Total Benefit Amount of the Policy is exhausted. In the event You cancel or the Policy lapses due to non-payment of premium, the rider will also terminate.

Paid-Up Survivor Benefit

The rider provides that the Policy to which the rider is attached will be paid-up and no further premium payments required after both of the following have occurred: (a) the tenth (10th) Policy Anniversary Date; and (b) the date of the Covered Partner's death. If the Covered Partner dies before the tenth (10th) Policy Anniversary Date, the premium for the Policy must continue to be paid, including the rider, until the tenth (10th) Policy Anniversary Date, unless waived under the Policy, at which point the Policy will be paid-up and no further premium payments will be required. A Paid-Up Survivor Benefit Rider must be issued with and remain attached to the Covered Partner's policy. Both the Policy, including the rider and the Covered Partner's policy, including the rider, must remain in force. If both policies, or the rider do not

remain in force, the rider will terminate and the premium for the rider will end. In the event You cancel or the Policy lapses due to non-payment of premium, the rider will terminate.

Shared Care Rider

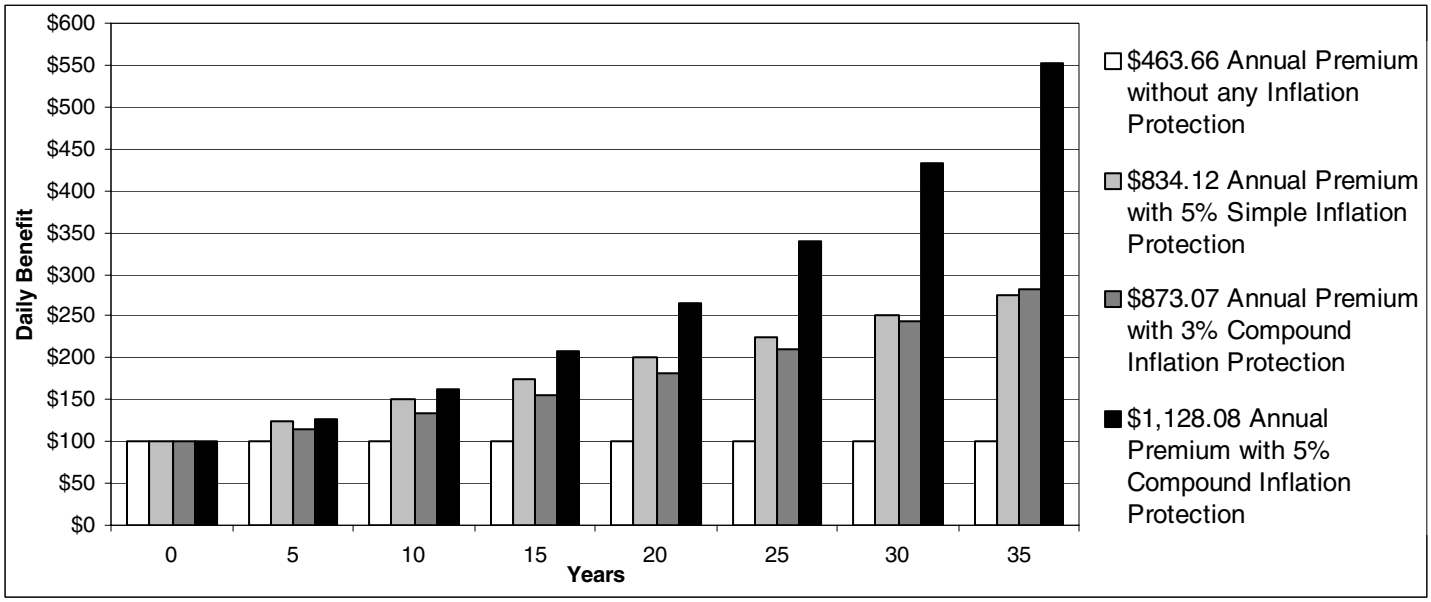
The rider provides for a Shared Total Benefit Amount for Covered Partners in the event that the Total Benefit Amount for the Policy has been exhausted, the Policy will remain in force and We may continue to pay benefits in accordance with the provisions of the Policy until the Shared Total Benefit Amount has also been exhausted. The Policy will terminate on the date that both the Total Benefit Amount and the Shared Benefit Amount are exhausted. The Shared Benefit Amount will be reduced by benefits paid under the Policy and by benefits paid under the Shared Care Rider attached to the Covered Partner's policy. The Shared Benefit Amount will be increased in accordance with any inflation protection rider attached to the Policy. If the Covered Partner dies, the Shared Total Benefit Amount will remain available for as long as the Policy including the rider remain in force. The Policy and the Covered Partner's policy must be identical at the time of purchase and remain in force as identical policies (policy form, Total Benefit Amount, Elimination Period, Daily Benefit Amount, and all attached riders and endorsements). If identical policies do not remain in force, the rider will terminate and the premium for the rider with end. In the event the Policy lapses due to non-payment of premium, the rider will terminate.

Inflation Protection

These riders provide that on each Policy Anniversary Date, while the Policy to which the riders are attached remains in force, including while We are paying benefits, We will increase the Daily Benefits. The Compound Inflation Protection Rider increases the Daily Benefit Amount and the Daily Limit for Coverage Outside of the United States, as well as the Total Benefit Amount and unused portion of the Lifetime Limit for Coverage Outside of the United States in effect immediately prior to the Policy Anniversary Date, by either three percent (3%) or five percent (5%).

The Simple Inflation Protection Rider increases the Daily Benefit Amount and the Daily Limit for Coverage Outside of the United States in effect immediately prior to the Policy Anniversary Date by five percent (5%) of the original Daily Benefit Amount in effect at the time the Policy was issued. The rider also increases the Total Benefit Amount and unused portion of the Lifetime Limit for Coverage Outside of the United States in effect immediately prior to the Policy Anniversary Date by an amount equal to the proportional increase in the Daily Benefit Amount.

The following graph compares the benefits and premiums between a policy with the 5% Compound Inflation Protection Rider, a policy with the 3% Compound Inflation Protection Rider, a policy with the 5% Simple Inflation Protection Rider and a policy without any rider. For purposes of illustration, the sample shown is for a policy with a 1,095-day (3-Year) Benefit Period for Facility Services and Home and Community Based Services, issued at age fifty-five (55), a ninety (90) day Elimination Period, and a one hundred dollar ($100.00) Daily Benefit Amount.



Agent

Address

Phone Number

CONTACT THE STATE SENIOR HEALTH INSURANCE ASSISTANCE PROGRAM IF YOU HAVE GENERAL QUESTIONS REGARDING LONG TERM CARE INSURANCE. CONTACT THE INSURANCE COMPANY IF YOU HAVE SPECIFIC QUESTIONS REGARDING YOUR LONG TERM CARE INSURANCE POLICY.

Massachusetts Mutual Life Insurance Company

Home Office: Springfield, MA 01111-0001
Long Term Care Administrative Office
P.O. Box 4243
Woodland Hills, CA 91365-4243
888.505.8952

Outline of Coverage for Facility Services Only Insurance Policy Form MM501-P-AR

NOTICE TO BUYER: This Policy may not cover all of the costs associated with long term care incurred by the buyer during the period of coverage. The buyer is advised to review carefully all Policy limitations.

Caution: The issuance of this Facility Services Only Insurance Policy is based upon the responses to the questions on the Application. A copy of the Application is enclosed. If the responses are incorrect or untrue, the Company may have the right to deny benefits or rescind the Policy. The best time to clear up any questions is now, before a claim arises! If, for any reason, any of the responses are incorrect, contact Us at the Long Term Care Administrative Office address shown above.

The Policy is an individual Policy of insurance.

PURPOSE OF OUTLINE OF COVERAGE

This outline of coverage provides a very brief description of the important features of the Policy. You should compare this outline of coverage to outlines of coverage for other policies available to You. This is not the insurance contract, but only a summary of coverage. Only the individual Policy contains governing contractual provisions. This means that the Policy sets forth in detail the rights and obligations of both You and the Company. Therefore, if You purchase this coverage, or any other coverage, it is important that You READ YOUR POLICY CAREFULLY!

FEDERAL TAX CONSEQUENCES

THE POLICY IS INTENDED TO BE A FEDERALLY TAX-QUALIFIED LONG TERM CARE INSURANCE CONTRACT AS DEFINED UNDER SECTION 7702B(b) OF THE INTERNAL REVENUE CODE OF 1986, as amended, and will be endorsed to conform to changes in that definition. You should consult with Your attorney, accountant, or tax advisor regarding the tax implications of purchasing this long term care insurance.

TERMS UNDER WHICH THE POLICY MAY BE CONTINUED IN FORCE OR DISCONTINUED

RENEWABILITY: THE POLICY IS GUARANTEED RENEWABLE. This means You have the right, subject to the terms of the Policy, to continue the Policy as long as You pay Your premiums on time. Massachusetts Mutual Life Insurance Company cannot change any of the terms of the Policy on its own, except that, in the future, IT MAY INCREASE THE PREMIUM YOU PAY.

Waiver of Premium

Premiums will not be due once We begin paying, and for as long as We continue to pay, benefits for Facility Services under the Policy. We will return any unearned premium to You on a pro-rata basis. Premium will again become due when We are no longer paying You because the Insured is no longer receiving Facility Services.

For an additional premium payment, an optional Waiver of Premium for Covered Partner Rider is also available, as described below.

TERMS UNDER WHICH THE COMPANY MAY CHANGE PREMIUMS

Premiums are subject to change. We can only change the premiums for the Policy if We change premiums, subject to the approval of the appropriate regulatory authority of the state in which this Policy was issued. We will give You at least sixty (60) days written notice at Your last address shown in Our records before We change Your premium.

TERMS UNDER WHICH THE POLICY MAY BE RETURNED AND PREMIUM REFUNDED

If You are not satisfied with the Policy, You may return it to Our agent or Us within thirty (30) days from the date You receive it. We will then refund any premium You have paid and the Policy, all riders and attachments will be considered never to have been in effect. Upon the death of the Insured, We will refund any unearned premium for the Policy on a pro-rata basis. We will make this refund within thirty (30) days of Our receipt of proof of the Insured's death. If You cancel the Policy after thirty (30) days, any unearned premium will be refunded to You on a pro-rata basis. If You purchase one of the optional Return of Premium Riders, upon the death of the Insured, all or a portion of the premiums paid for the Policy and riders will be returned to You, if other than the Insured, or Your Beneficiary.

THIS IS NOT MEDICARE SUPPLEMENT COVERAGE

If the Insured is eligible for Medicare, review the "Guide to Health Insurance for People with Medicare" available from Us. Neither Massachusetts Mutual Life Insurance Company nor its agents represent Medicare, the federal government or any state government.

LONG TERM CARE COVERAGE

Policies of this category are designed to provide coverage for one (1) or more necessary or medically necessary diagnostic, preventive, therapeutic, rehabilitative, Maintenance or Personal Care Services, provided in a setting other than an acute care unit of a hospital, such as in a nursing home.

The Policy provides coverage for Qualified Long Term Care Services in the form of an expense incurred benefit for covered long term care expenses, subject to Policy Elimination Periods, Limitations and Exclusions described below.

BENEFITS PROVIDED BY THE POLICY

Covered Services

The Policy provides benefits for Qualified Long Term Care Services performed in a nursing facility or assisted living facility, and Maintenance or Personal Care Services performed in an assisted living facility and hospice care provided in a hospice facility. A Prescription Drug Benefit and Bed Reservation Benefit are available if Facility Services are being received in a nursing facility, assisted living facility or hospice facility.

Elimination Period

This is the number of days the Insured must receive Facility Services, as defined in the Policy, pursuant to a Plan of Care, while the Policy is in force and the Insured is certified as being Chronically Ill, before We will begin paying benefits. An Elimination Period of thirty (30), sixty (60), ninety (90) or one hundred eighty (180) days may be chosen. For each day the Insured receives Facility Services, We will credit one (1) day toward satisfaction of the Elimination Period. These days do not need to be consecutive. Once the Insured has satisfied the Elimination Period, no future Elimination Period is required. Days may be accumulated under separate claims in order to satisfy the Elimination Period.

Elimination Period for Coverage Outside of the United States

This is the number of days after the Insured has satisfied the Elimination Period previously described and receives Facility Services Outside of the United States, as defined in the Policy, pursuant to a Plan of Care, while the Policy is in force and the Insured is certified as being Chronically Ill, before We will begin paying benefits for coverage Outside of the United States. Days on which the Insured receives Facility Services Outside of the United States will first be used to satisfy the Elimination Period previously described. Once this Elimination Period has been satisfied, We will credit one (1) day towards satisfaction of the Elimination Period for Coverage Outside of the United States. This number of days will be equal to the number of days selected for the Elimination Period previously described. These days do not need to be consecutive; however, days will not be accumulated under separate claims in order to satisfy the Elimination Period for Coverage Outside of the United States. The Insured must first satisfy the Elimination Period before days will count towards satisfaction of the Elimination Period for Coverage Outside of the United States.

Total Benefit Amount

An unlimited Total Benefit Amount may be chosen for Lifetime coverage, or a lesser amount determined by multiplying the Daily Benefit Amount chosen by the Benefit Period selected - either 3,650 days (10 Years), 2,190 days (6 Years),

1,825 days (5 Years), 1,460 days (4 Years), 1,095 days (3 Years) or 730 days (2 Years). The result will be the Total Benefit Amount for all benefits payable under the Policy.

Daily Benefit Amount

The initial Daily Benefit Amount will be shown on the Policy Schedule page of the Policy. The current Daily Benefit Amount will be the initial Daily Benefit Amount adjusted to reflect the provisions of any inflation protection rider attached to the Policy.

Facility Services Benefit

Benefits are payable for Covered Expenses incurred for Qualified Long Term Care Services (including skilled, intermediate or custodial, nursing care), provided in a nursing facility or assisted living facility, Maintenance or Personal Care Services performed in an assisted living facility and hospice care provided in a hospice facility. Covered Expenses means the actual daily cost of each day's Facility Services received up to the Daily Benefit Amount. Premium rates will vary according to the Daily Benefit Amount selected.

Facility Prescription Drug Benefit

Benefits are payable for Covered Expenses incurred for prescription drugs when the Insured is receiving Facility Services under the Policy. Covered Expenses means the actual monthly cost of the Insured's prescription drugs up to the monthly maximum equal to the Daily Benefit Amount. This benefit is not payable if the Insured is confined in a hospital.

Facility Bed Reservation Benefit

Benefits are payable if Facility Services are being received in a nursing facility, assisted living facility or hospice facility and Covered Expenses are incurred for a Facility Bed Reservation. Covered Expenses means the actual cost charged by the Facility to reserve accommodations for each day the Insured is temporarily absent from the Facility, up to the Daily Benefit Amount. The Policy Year maximum for this benefit is sixty (60) times the Daily Benefit Amount.

Optional Personal Care Advisor Benefit

The Insured is entitled to the assistance of a Personal Care Advisor. The Insured or the Insured's representative, or a Family Member are encouraged to contact Our claim office as soon as a claim is anticipated by calling the toll-free number that will be shown on the Policy Schedule page of the Policy. We will then contact the Personal Care Services Provider and instruct them to assign a Personal Care Advisor to the Insured so that the Insured can obtain Personal Care Advisory Services as soon as possible.

If the Insured chooses to utilize the services of the Personal Care Advisor assigned by the Personal Care Advisory Services Provider, the costs of the Personal Care Advisory Services will be billed directly to Us and We will pay the Personal Care Advisory Services Provider directly. The cost of the Personal Care Advisory Services paid by Us will not reduce the Total Benefit Amount under the Policy.

The Insured is not required to satisfy the Elimination Period in order to use the services of a Personal Care Advisor. Use of the Personal Care Advisor does not count towards satisfaction of the Elimination Period. Use of a Personal Care Advisor is completely voluntary. The use or non-use of a Personal Care Advisor does not impact the right to benefits under the Policy.

Coverage Outside of the United States

Benefits are payable for Covered Expenses for Facility Services received Outside of the United States. Covered Expenses means the actual cost of each day's Facility Services received Outside of the United States, subject to Eligibility for the Payment of Benefits and the Elimination Period for Coverage Outside of the United States, as previously described. Benefits will be payable in United States currency at the conversion rate determined by the United States Treasury as of the date benefits are paid. Benefits will be payable up to one-half (1/2) of the Daily Benefit Amount. For policies with Total Benefit Amounts less than lifetime, a maximum of twenty-five percent (25%) of the Total Benefit Amount is payable under the Policy for this benefit. For policies with lifetime Total Benefit Amounts, the lifetime maximum for this benefit is 1,825 times the Daily Benefit Amount under the Policy.

While We are paying benefits for Coverage Outside of the United States, the following benefits will not be available: Facility Prescription Drug Benefit or the Facility Bed Reservation Benefit.

Definitions

Activities of Daily Living:

- **Bathing:** means washing oneself by sponge bath; or in either a tub or shower, including the task of getting into or out of the tub or shower.
- **Continence:** means the ability to maintain control of bowel and bladder function; or when unable to maintain control of bowel or bladder function, the ability to perform associated personal hygiene (including caring for a catheter or colostomy bag).
- **Dressing:** means putting on and taking off all items of clothing and any necessary braces, fasteners, or artificial limbs.
- **Eating:** means feeding oneself by getting food into the body from a receptacle (such as a plate, cup, or table) or by a feeding tube or intravenously.
- **Toileting:** means getting to and from the toilet, getting on or off the toilet, and performing associated personal hygiene.
- **Transferring:** means moving into or out of bed, a chair, or wheelchair.

Beneficiary means the person or persons, named in the application or subsequently changed by written request, to receive payment of the return of earned premium benefit due upon the death of the Insured under the optional Return of Premium on Death Rider and the optional Full Return of Premium on Death Rider.

Chronically Ill means within the previous twelve (12) months a Licensed Health Care Practitioner has certified that the Insured:

- is unable to perform, without Substantial Assistance from another person, at least two (2) Activities of Daily Living for a period that is expected to last at least ninety (90) consecutive days due to loss of functional capacity; or
- has a Severe Cognitive Impairment.

Covered Expenses means the amount of benefit payable by Us as a result of the Insured's receipt of Qualified Long Term Care Services. The Covered Expense for each benefit available under the Policy is defined by the specific Benefit provision of the Policy.

Covered Partner means the Insured's spouse or Partner who is covered by Us under a policy with the same state policy form number as the Policy.

Family Member means the Insured's spouse (or Partner) and the following relatives by blood, marriage or adoption, of the Insured or the Insured's spouse (or Partner): grandparents; parents, aunts or uncles; siblings, first cousins; children, nieces, or nephews; and grandchildren.

Hands-On Assistance means the physical assistance of another person without which the Insured would be unable to perform the Activity of Daily Living.

Insured means the person named as the insured on the Policy Schedule page of the Policy.

Licensed Health Care Practitioner means:

- a physician;
- a registered nurse; or
- a licensed social worker.

The Licensed Health Care Practitioner must not be a Family Member.

Maintenance or Personal Care Services means any care the primary purpose of which is the provision of needed assistance with helping the Insured conduct Activities of Daily Living while Chronically Ill. This includes protection from threats to the Insured's health and safety due to a Severe Cognitive Impairment.

Outside of the United States means outside of the United States or its territories, or Canada.

Partner means an adult who is either:

- named along with the Insured, in a valid certificate or license of civil union recognized by the state in which the Policy is issued; or
- has been living with the Insured for the past three (3) consecutive years in a committed relationship as the Insured's Partner or as a member of the Insured's family; and
  - is committed to sharing basic living expenses with the Insured; and
  - is not married to the Insured, or anyone else; and
  - if related to the Insured, belongs to the same generation of the Insured's family (e.g. brother, sister, or cousin).

Plan of Care means a written individualized plan of services prescribed by a Licensed Health Care Practitioner developed in consultation with the Insured, based upon an assessment that states the Insured is Chronically Ill. The Plan of Care will specify the type, frequency, and providers of the services most suitable to meet the Insured's long term care needs and the costs, if any, of those services. The Plan of Care must be updated as the Insured's needs change. At all times We retain the right to verify that the Insured's Plan of Care is appropriate.

Policy means the contract between You and Us.

Policy Anniversary Date means the Policy Anniversary Date as shown on the Policy Schedule page of the Policy.

Policy Year means the period from the Policy effective date to the first Policy Anniversary Date or the period from one Policy Anniversary Date to the next Policy Anniversary Date.

Qualified Long Term Care Services means necessary diagnostic, preventive, therapeutic, curing, treating, mitigating and rehabilitative services, and Maintenance or Personal Care Services, which are required by the Insured when Chronically Ill, and are provided pursuant to a Plan of Care prescribed by a Licensed Health Care Practitioner.

Severe Cognitive Impairment means the deterioration or loss of intellectual capacity that is comparable to, and includes, Alzheimer's disease and similar forms of irreversible dementia which requires Substantial Supervision. Severe Cognitive Impairment is measured by clinical evidence and standardized tests that reliably measure a person's impairment in:

- short or long term memory;
- orientation as to person (such as the person's identity), place (such as the person's location) and time (such as day, date and year); and
- deductive or abstract reasoning.

Single Claim Period means a claim for benefits under the Policy that is not interrupted by a period of one hundred eighty (180) consecutive days. If the Insured does not meet the requirements of Eligibility for the Payment of Benefits under the Policy because the Insured is no longer Chronically Ill and no benefits are paid under the Policy for a period of one hundred eighty (180) consecutive days or longer, a new Single Claim Period will be established.

Stand-By Assistance means the presence of another person within arm's reach of the Insured that is necessary to prevent, by physical intervention, injury to the Insured while performing the Activity of Daily Living.

Substantial Assistance means Hands-On or Stand-By Assistance.

Substantial Supervision means continual supervision by another person to protect a person with a Severe Cognitive Impairment or others from threats to health or safety (such as may result from wandering). Such supervision may include cueing by verbal prompting, gestures, or other similar demonstrations.

Total Benefit Amount means the remaining amount of benefits that may be paid under the Policy. The initial Total Benefit Amount is shown on the Policy Schedule page of the Policy. The Total Benefit Amount after Policy issue will be decreased by benefits paid under the Policy. The Total Benefit Amount after Policy issue will be increased in accordance with the provisions of any riders attached to the Policy and any additional benefits resulting from the crediting of dividends.

We, Us, Our means Massachusetts Mutual Life Insurance Company.

You, Your means the owner of the Policy as indicated in Our records. The owner is the Insured unless otherwise provided in the application or changed by written request.

Eligibility for the Payment of Benefits

Subject to all the terms and provisions of the Policy, We will pay the Covered Expenses for benefits described in the Policy when We verify that the Insured meets all of the following conditions:

- the Insured is Chronically Ill;
- the Qualified Long Term Care Services the Insured receives are covered under the Policy and are provided pursuant to the Plan of Care;
- coverage under the Policy was in force on the date(s) the Qualified Long Term Care Services were received by the Insured;
- unless otherwise indicated within the Policy, the Insured has satisfied the Policy's Elimination Period;
- any daily, monthly, annual, or lifetime limits on the specific benefit(s) being claimed under the Policy or any attached riders to the Policy have not been exhausted;
- the Insured meets all additional requirements indicated in the Policy for the specific benefit(s) under the Policy;
- the requirements under the FILING A CLAIM section of the Policy have been satisfied; and
- the claim is not subject to the Limitations and Exclusions contained in the Policy.

LIMITATIONS OR CONDITIONS ON ELIGIBILITY FOR THE PAYMENT OF BENEFITS

Non-Eligible Facilities

A nursing facility does not include a hospital, clinic or assisted living facility, a convalescent home, a board and rest home, a home for the aged, an adult residential care facility, a domiciliary and retirement care facility, a training center, a government or veteran's facility or any other facility where the patient is not required to pay, or the Insured's primary place of residence in an area used principally for independent residential living, or a similar establishment. An assisted living facility does not include a hospital, a nursing facility, an individual residence, or an independent living unit.

No benefits will be paid under the Policy for confinement in:

- non-eligible facilities; or
- an unlicensed facility (if licensing is required in Your state).

Limitations and Exclusions

No benefits will be paid and the Elimination Period will not be satisfied for any confinement, care, treatment or service(s):

- provided to the Insured by a Family Member;
- provided Outside of the United States except as described previously under Coverage Outside of the United States;
- for which You or the Insured have no financial liability or that is provided at no charge in the absence of insurance;
- provided in facilities operated primarily for the treatment of alcoholism or drug addiction; or
- provided in facilities operated primarily for the treatment of mental or nervous disorders.

Non-Duplication of Benefits

Benefits are not payable under the Policy for: (a) expenses incurred to the extent that such expenses are reimbursable under Medicare or would be so reimbursable but for the application of a deductible or coinsurance amount; or (b) any other state or federal workers' compensation plan, or other governmental program (except Medicaid).

For purposes of satisfying the Elimination Period, days on which the Insured meets the requirements of Eligibility for the Payment of Benefits, but coverage is excluded due to the Non-Duplication of Benefits, will count toward satisfaction of the Elimination Period.

THE POLICY MAY NOT COVER ALL EXPENSES ASSOCIATED WITH YOUR LONG TERM CARE NEEDS.

RELATIONSHIP OF COST OF CARE AND BENEFITS

Because the costs of long term care services will likely increase over time, You should consider whether and how the benefits of this plan may be adjusted. The benefit levels of the basic Policy will not increase over time. For an additional premium payment, You may purchase one of the optional Inflation Protection Riders described below.

ALZHEIMER'S DISEASE AND OTHER ORGANIC BRAIN DISORDERS

Subject to Eligibility for the Payment of Benefits and any Limitations and Exclusions described above, the Policy provides coverage if the Insured is clinically diagnosed as having Alzheimer's disease or related degenerative and dementing illnesses.

PREMIUM

Premium Payment Options

10-Year and Paid-Up at Age 65 Premium Payments

These options provide that at the end of the premium payment period if each required premium has been paid, the Policy will automatically be renewed for the rest of the Insured's life with no further premium payments required. During the premium payment period, premiums will be subject to change as described under "TERMS UNDER WHICH THE POLICY MAY BE CONTINUED IN FORCE OR DISCONTINUED" on the first page of this outline of coverage.

Facility Services Only Insurance Policy

** If a PARTNERSHIP POLICY is selected below and You are age **60 or younger**, 5% Compound Inflation Protection must be selected and will be issued with Your Policy. If You are age **61-75**, either 5% Compound Inflation Protection or 5% Simple Inflation Protection must be selected and will be issued with Your Policy.*

☒ Partnership Policy ❍ Non-Partnership Policy

☒ Covered Partner Discount (two applicants) ❍ Partner Discount (one applicant)

Elimination Period: ❍ 30 Days ❍ 60 Days ☒ 90 Days ❍ 180 Days

Daily Benefit ($50 - $400): $ $100.00

Benefit Period: ❍ Lifetime ❍ 3,650 Days (10 Years) ❍ 2,190 Days (6 Years) ❍ 1,825 Days (5 Years)
❍ 1,460 Days (4 Years) ☒ 1,095 Days (3 Years) ❍ 730 Days (2 Years)

Premium Payment Options (*may select only one*):
❍ Standard Lifetime ❍ Discounted Renewals (*only available with Lifetime Premium Payment*)
The following two options are not available under age 40:
☒ 10-Year ❍ Paid-Up at Age 65 (*available to age 55*)

The following are the Annual Premiums for the coverage You have applied for:

	First Year	Renewal
☒ Facility Services Only Insurance Policy	$ 394.26	$ 394.26
Inflation Protection Riders (may select only one) *		
☒ 5% Compound Inflation Protection (Form MM500R-COMP)	$ 564.97	$ 564.97
❍ 3% Compound Inflation Protection (Form MM500R-COMP)	$	$
❍ 5% Simple Inflation Protection (Form MM500R-SIMP)	$	$
Return of Premium Riders (may select only one)		
❍ Full Return of Premium on Death *(available to age 65)* (Form MM500R-FROP)	$	$
❍ Return of Premium on Death (Form MM500R-ROP)	$	$
Other Riders		
❍ Shortened Benefit Period Nonforfeiture (Form MM500R-SBN)	$	$
❍ Restoration of Benefits *(not available with Lifetime Benefit Period)* (Form MM500R-ROB)	$	$
Covered Partner Riders (if applying as Covered Partners both must select any of the following riders)		
❍ Waiver of Premium for Covered Partner (Form MM500R-WOP)	$	$
❍ Paid-Up Survivor Benefit *(available only with Lifetime Premium Payment Option)* (Form MM500R-SVR)	$	$
❍ Shared Care Benefit **(Covered Partner coverage must be identical)** *(not available with Lifetime Benefit Period)* (Form MM500R-SCB)	$	$
Additional Premium for 10-Year or Paid-Up at Age 65	$ 1,651.80	$ 1,651.80
TOTAL ANNUAL PREMIUM	$ 1,697.17	$ 1,697.17

ADDITIONAL FEATURES

Medical Underwriting

The Insured's insurability for the Policy will be determined by the answers given in the Application and any other authorized medical information We obtain regarding the Insured's current state of health.

Grace Period

Except for the first premium, You will have thirty-one (31) days after each due date to pay the premium due. The Policy remains in force during the Grace Period.

Unintentional Lapse

If the premium is not paid by the thirtieth (30th) day of the Grace Period, We will provide written notice to You and the Insured, if different, and any individuals designated by You or the Insured, if different, to receive notice of non-payment of premium. Notice will be sent at least thirty (30) days before cancellation of Your coverage. If the premium is not paid within thirty-five (35) days after notice is sent, the Policy will lapse for non-payment of premium.

Dividends

While the Policy is in force, We may credit it with dividends. Dividends are based on divisible surplus, if any, as We apportion at the end of each Policy Year. Dividends credited to the Policy will be used to reduce the future premiums for the Policy. If the Policy is not in premium paying status, the dividends will be used to increase the future benefits of the Policy. Dividends, if any, are not anticipated to be credited before the later of the later of (a) the Policy Anniversary Date after the Insured attains sixty-five (65) years of age, or (b) the tenth (10th) Policy Anniversary Date.

Nonforfeiture Benefits

If You choose not to select the following optional nonforfeiture rider, a contingent benefit upon lapse will be available if: (a) the Policy lapses as described under the Grace Period and Unintentional Lapse provisions of the Policy; and (b) the premium rates for the Policy are substantially increased. The benefit provided will be in the form of a Shortened Benefit Period as described below.

In addition to the contingent nonforfeiture benefit described above, if You select a limited premium payment option an additional contingent nonforfeiture benefit may also be available in the form of a reduced "paid-up" policy.

OPTIONAL RIDERS (available for an additional premium payment)

Shortened Benefit Period Nonforfeiture

The rider provides a benefit when the Policy lapses, after being in force for at least three (3) years, due to the non-payment of premium. The Policy will become paid-up with modified coverage based on the Daily Benefit Amount in effect immediately prior to the date of lapse. The Total Benefit Amount payable under the rider will be reduced to the greater of: (a) the total of all premiums paid prior to the date of lapse for the Policy and all riders or (b) thirty (30) times the Daily Benefit Amount in effect immediately prior to the date of lapse of the Policy.

Full Return of Premium on Death

If the Insured dies while the Policy is in force, We will pay to Your Beneficiary a benefit equal to the total of all earned premiums paid for the Policy and all attached riders. In the event You have not designated a Beneficiary, this amount will be paid to You, if living, or to Your estate. Upon death of the Insured, We will refund any unearned premium for the Policy on a pro-rata basis.

Return of Premium on Death

If the Insured dies while the Policy is in force, We will pay to Your Beneficiary a benefit equal to the total of all earned premiums paid for the Policy and all attached riders, less all benefits paid under the Policy. In the event You have not designated a Beneficiary, this amount will be paid to You, if living, or to Your estate. Upon death of the Insured, We will refund any unearned premium for the Policy on a pro-rata basis.

Waiver of Premium for Covered Partner

The rider will waive the premium payments for the Policy to which the rider is attached during any period in which the premium payments for the Covered Partner's policy are waived. A Waiver of Premium for Covered Partner must be issued with and remain attached to the Covered Partner's policy. Both the Policy, including the rider and the Covered Partner's policy, including the rider, must remain in force. If both policies or the rider do not remain in force, the rider will terminate and the premium for the rider will end.

Restoration of Benefits

The rider will restore the Total Benefit Amount selected to its original amount and then adjust for the effects of an inflation protection rider, if any, attached to the Policy, if We pay benefits under the Policy and the Insured subsequently

Recovers. Under the rider, Recovers means that the Insured has not exhausted the Total Benefit Amount and for a period of one hundred eighty (180) consecutive days prior to the date the benefits are restored the following three (3) conditions are satisfied: (a) the Policy is in force and premiums are not waived; (b) the Insured is no longer Chronically Ill; and (c) We have not paid benefits under the Policy during the one hundred eighty (180) consecutive days. Benefits may be restored more than once. However, the rider will terminate and the premium for the rider will no longer be due when the total of all amounts, adjusted for the effects of an inflation protection rider, if any, attached to the Policy, restored over the lifetime of the rider is equal to the original Total Benefit Amount. The rider will terminate when the Total Benefit Amount of the Policy is exhausted. In the event You cancel or the Policy lapses due to non-payment of premium, the rider will also terminate.

Paid-Up Survivor Benefit

The rider provides that the Policy to which the rider is attached will be paid-up and no further premium payments required after both of the following have occurred: (a) the tenth (10th) Policy Anniversary Date; and (b) the date of the Covered Partner's death. If the Covered Partner dies before the tenth (10th) Policy Anniversary Date, the premium for the Policy must continue to be paid, including the rider, until the tenth (10th) Policy Anniversary Date, unless waived under the Policy, at which point the Policy will be paid-up and no further premium payments will be required. A Paid-Up Survivor Benefit Rider must be issued with and remain attached to the Covered Partner's policy. Both the Policy, including the rider and the Covered Partner's policy, including the rider, must remain in force. If both policies, or the rider do not remain in force, the rider will terminate and the premium for the rider will end. In the event You cancel or the Policy lapses due to non-payment of premium, the rider will terminate.

Shared Care Rider

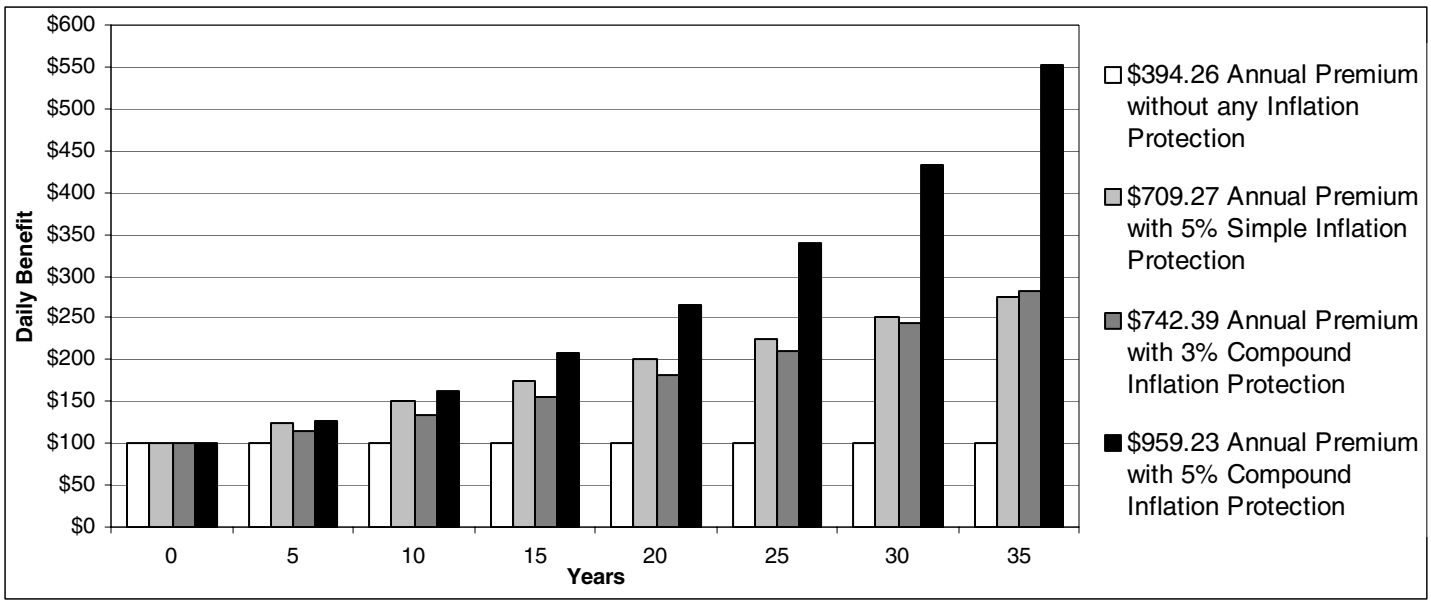
The rider provides for a Shared Total Benefit Amount for Covered Partners in the event that the Total Benefit Amount for the Policy has been exhausted, the Policy will remain in force and We may continue to pay benefits in accordance with the provisions of the Policy until the Shared Total Benefit Amount has also been exhausted. The Policy will terminate on the date that both the Total Benefit Amount and the Shared Benefit Amount are exhausted. The Shared Benefit Amount will be reduced by benefits paid under the Policy and by benefits paid under the Shared Care Rider attached to the Covered Partner's policy. The Shared Benefit Amount will be increased in accordance with any inflation protection rider attached to the Policy. If the Covered Partner dies, the Shared Total Benefit Amount will remain available for as long as the Policy including the rider remain in force. The Policy and the Covered Partner's policy must be identical at the time of purchase and remain in force as identical policies (policy form, Total Benefit Amount, Elimination Period, Daily Benefit Amount, and all attached riders and endorsements). If identical policies do not remain in force, the rider will terminate and the premium for the rider with end. In the event the Policy lapses due to non-payment of premium, the rider will terminate.

Inflation Protection

These riders provide that on each Policy Anniversary Date, while the Policy to which the riders are attached remains in force, including while We are paying benefits, We will increase the Daily Benefits. The Compound Inflation Protection Rider increases the Daily Benefit Amount and the Daily Limit for Coverage Outside of the United States, as well as the Total Benefit Amount and unused portion of the Lifetime Limit for Coverage Outside of the United States in effect immediately prior to the Policy Anniversary Date, by either three percent (3%) or five percent (5%).

The Simple Inflation Protection Rider increases the Daily Benefit Amount and the Daily Limit for Coverage Outside of the United States in effect immediately prior to the Policy Anniversary Date by five percent (5%) of the original Daily Benefit Amount in effect at the time the Policy was issued. The rider also increases the Total Benefit Amount and unused portion of the Lifetime Limit for Coverage Outside of the United States in effect immediately prior to the Policy Anniversary Date by an amount equal to the proportional increase in the Daily Benefit Amount.

The following graph compares the benefits and premiums between a policy with the 5% Compound Inflation Protection Rider, a policy with the 3% Compound Inflation Protection Rider, a policy with the 5% Simple Inflation Protection Rider and a policy without any rider. For purposes of illustration, the sample shown is for a policy with a 1,095-day (3-Year) Benefit Period for Facility Services, issued at age fifty-five (55), a ninety (90) day Elimination Period, and a one hundred dollar ($100.00) Daily Benefit Amount.



Agent

Address

Phone Number

CONTACT THE STATE SENIOR HEALTH INSURANCE ASSISTANCE PROGRAM IF YOU HAVE GENERAL QUESTIONS REGARDING LONG TERM CARE INSURANCE. CONTACT THE INSURANCE COMPANY IF YOU HAVE SPECIFIC QUESTIONS REGARDING YOUR LONG TERM CARE INSURANCE POLICY.

Massachusetts Mutual Life Insurance Company
Home Office: Springfield, MA 01111-0001
Long Term Care Administrative Office
P.O. Box 4243
Woodland Hills, CA 91365-4243
888.505.8952

LONG TERM CARE INSURANCE APPLICATION
MM500-AP-AR (PLEASE PRINT)

Coverage Type ☐ Individual ☐ (1 Partner Applying) ☒ (Both Partners Applying)

PART 1: PROPOSED APPLICANT PERSONAL INFORMATION

Proposed Applicant 1		**Proposed Applicant 2**	
Name (First) (MI) (Last) John Doe	Gender ☒ Male ☐ Female	Name (First) (MI) (Last) Mary Doe	Gender ☐ Male ☒ Female
Home Address (Street)(City) (State)(ZIP) 123 Main St., Anytown, ST 12345-1234		Home Address (Street)(City) (State)(ZIP) 123 Main St., Anytown, ST 12345-1234	
Billing Address (if different)		Billing Address (if different)	
Phone Home (555) 555-1212 Work (555) 555-1212 Best time to call? 7:00 am or pm / home or work		Phone Home (555) 555-1212 Work (555) 555-1212 Best time to call? 7:00 am or pm / home or work	
SS No. 123-45-6789	Birth Date 1-1-55	SS No. 234-56-7891	Birth Date 1-1-60
State of Birth Anytown, ST	Height & Weight 6' 0" 180	State of Birth Anytown, ST	Height & Weight 6' 0" 180
Driver's License No. X1234567	License State ST	Driver's License No. X2345678	License State ST
Email (OPTIONAL): johndoe@email.com		Email (OPTIONAL): janedoe@email.com	
Occupation (or if retired, date of retirement):	Smoker (current or within past 12 months) ☐ Yes ☒ No	Occupation (or if retired, date of retirement):	Smoker (current or within past 12 months) ☐ Yes ☒ No

PART 2: INSURABILITY INFORMATION

Proposed Applicant 1	**Proposed Applicant 2**
1. Do you currently need assistance with bathing, dressing, eating, taking medication, transferring from bed to chair or toileting? ☐ Yes ☒ No	1. Do you currently need assistance with bathing, dressing, eating, taking medication, transferring from bed to chair or toileting? ☐ Yes ☒ No
2. During the past 10 years, have you been medically diagnosed or treated for any of the following:	2. During the past 10 years, have you been medically diagnosed or treated for any of the following:
AIDS or positive HIV status ☐ Yes ☒ No	AIDS or positive HIV status ☐ Yes ☒ No
Alzheimer's Disease, Dementia ☐ Yes ☒ No	Alzheimer's Disease, Dementia ☐ Yes ☒ No
Amyotrophic Lateral Sclerosis/Lou Gehrig's Disease ☐ Yes ☒ No	Amyotrophic Lateral Sclerosis/Lou Gehrig's Disease ☐ Yes ☒ No
Cerebral Palsy ☐ Yes ☒ No	Cerebral Palsy ☐ Yes ☒ No
Cystic Fibrosis ☐ Yes ☒ No	Cystic Fibrosis ☐ Yes ☒ No
Hepatitis-Chronic ☐ Yes ☒ No	Hepatitis-Chronic ☐ Yes ☒ No
Huntington's Chorea ☐ Yes ☒ No	Huntington's Chorea ☐ Yes ☒ No
Insulin Dependent Diabetes ☐ Yes ☒ No	Insulin Dependent Diabetes ☐ Yes ☒ No
Kidney Disease requiring dialysis ☐ Yes ☒ No	Kidney Disease requiring dialysis ☐ Yes ☒ No
Liver Cirrhosis ☐ Yes ☒ No	Liver Cirrhosis ☐ Yes ☒ No
Multiple Sclerosis ☐ Yes ☒ No	Multiple Sclerosis ☐ Yes ☒ No
Myasthenia Gravis ☐ Yes ☒ No	Myasthenia Gravis ☐ Yes ☒ No
Organic Brain Syndrome ☐ Yes ☒ No	Organic Brain Syndrome ☐ Yes ☒ No
Paralysis ☐ Yes ☒ No	Paralysis ☐ Yes ☒ No
Parkinson's /Parkinsonism ☐ Yes ☒ No	Parkinson's /Parkinsonism ☐ Yes ☒ No
Schizophrenia ☐ Yes ☒ No	Schizophrenia ☐ Yes ☒ No
Stroke, TIA ☐ Yes ☒ No	Stroke, TIA ☐ Yes ☒ No
Systemic Lupus ☐ Yes ☒ No	Systemic Lupus ☐ Yes ☒ No

PLEASE NOTE: Before you continue with this application: If you answered YES to any of the questions in Part 2, we suggest you do not submit the application. If you answered NO to every question, please continue.

PART 3: MEDICAL INFORMATION

Proposed Applicant 1	Proposed Applicant 2
1. Are you currently receiving Social Security, Disability or Medicaid (not Medicare)? ☐ Yes ☒ No	1. Are you currently receiving Social Security, Disability or Medicaid (not Medicare)? ☐ Yes ☒ No
2. Do you currently use or have you used in the past 12 months a walker, crutches, braces, wheelchair, motorized cart, hospital bed, oxygen, or cane? ☐ Yes ☒ No	2. Do you currently use or have you used in the past 12 months a walker, crutches, braces, wheelchair, motorized cart, hospital bed, oxygen, or cane? ☐ Yes ☒ No
3. Within the past 12 months have you been advised to have any special testing or surgery that has not yet been performed or are you aware of any symptoms or complaints for which you plan to seek medical advice or treatment? ☐ Yes ☒ No	3. Within the past 12 months have you been advised to have any special testing or surgery that has not yet been performed or are you aware of any symptoms or complaints for which you plan to seek medical advice or treatment? ☐ Yes ☒ No
4. Within the past 12 months have you received rehabilitative services including physical therapy, occupational therapy, home care or been confined to a nursing home or assisted living facility? ☐ Yes ☒ No	4. Within the past 12 months have you received rehabilitative services including physical therapy, occupational therapy, home care or been confined to a nursing home or assisted living facility? ☐ Yes ☒ No
5. Within the past 12 months have you received disability income or workers' compensation or any other state disability? ☐ Yes ☒ No	5. Within the past 12 months have you received disability income or workers' compensation or any other state disability? ☐ Yes ☒ No
6. Within the past 5 years, have you had or been issued a handicap tag? ☐ Yes ☒ No	6. Within the past 5 years, have you had or been issued a handicap tag? ☐ Yes ☒ No
7. Within the past 5 years, have you been declined for long term care insurance? ☐ Yes ☒ No	7. Within the past 5 years, have you been declined for long term care insurance? ☐ Yes ☒ No
8. Within the past 10 years, have you received medical advice, consultation, or treatment for the following conditions?	8. Within the past 10 years, have you received medical advice, consultation, or treatment for the following conditions?
Alcoholism, Drug Dependency ☐ Yes ☒ No	Alcoholism, Drug Dependency ☐ Yes ☒ No
Blood or Endocrine (Glandular) Disorder ☐ Yes ☒ No	Blood or Endocrine (Glandular) Disorder ☐ Yes ☒ No
High Blood Pressure ☐ Yes ☒ No	High Blood Pressure ☐ Yes ☒ No
Diabetes ☐ Yes ☒ No	Diabetes ☐ Yes ☒ No
Brain, Spinal Cord, or Neurological Disease ☐ Yes ☒ No	Brain, Spinal Cord, or Neurological Disease ☐ Yes ☒ No
Cancer (Internal) ☐ Yes ☒ No	Cancer (Internal) ☐ Yes ☒ No
Heart, Circulatory, Vascular Disorder ☐ Yes ☒ No	Heart, Circulatory, Vascular Disorder ☐ Yes ☒ No
Kidney, Bladder, or Prostate Condition ☐ Yes ☒ No	Kidney, Bladder, or Prostate Condition ☐ Yes ☒ No
Musculoskeletal (bone or joint) or Skin Disorder ☐ Yes ☒ No	Musculoskeletal (bone or joint) or Skin Disorder ☐ Yes ☒ No
Progressive Eye Disease ☐ Yes ☒ No	Progressive Eye Disease ☐ Yes ☒ No
Psychiatric, Mental Disorder, or Depression ☐ Yes ☒ No	Psychiatric, Mental Disorder, or Depression ☐ Yes ☒ No
Respiratory or Lung Disorder ☐ Yes ☒ No	Respiratory or Lung Disorder ☐ Yes ☒ No
Stomach, Esophagus, Intestine, Liver or Pancreas Condition ☐ Yes ☒ No	Stomach, Esophagus, Intestine, Liver or Pancreas Condition ☐ Yes ☒ No

PRIMARY CARE PHYSICIAN (PCP)

9. PCP (current) or MD who has the most complete records of your medical history. If you changed doctors in the past 12 months, please provide the previous doctor's information also. (medical records may be ordered)	9. PCP (current) or MD who has the most complete records of your medical history. If you changed doctors in the past 12 months, please provide the previous doctor's information also. (medical records may be ordered)
Name: J. Doctor	Name: J. Doctor
Address: 145 Main St.	Address: 145 Main St.
City, State ZIP: 145 Main St. Anytown ST 12345-1234	City, State ZIP: 145 Main St. Anytown ST 12345-1234
Phone: ( )	Phone: ( )
Date/Reason for Last visit: 1/1/10 Check-up	Date/Reason for Last visit: 1/1/10 Check-up
Medication(s) prescribed:	Medication(s) prescribed:

LIST ALL MEDICATION(S) AND MEDICAL DETAILS from Part 3 (attach additional sheet if needed)

10. List Medications/Dosage/Frequency/Reason/Prescribing MD (if not listed above)	10. List Medications/Dosage/Frequency/Reason/Prescribing MD (if not listed above)

Question #: _____ Diagnosis or Disorder: _____ ***Treating Health Professional:*** Name: _____ Address: _____	Question #: _____ Diagnosis or Disorder: _____ ***Treating Health Professional:*** Name: _____ Address: _____
Question #: _____ Diagnosis or Disorder: _____ ***Treating Health Professional:*** Name: _____ Address: _____	Question #: _____ Diagnosis or Disorder: _____ ***Treating Health Professional:*** Name: _____ Address: _____

PART 4: COVERAGE AND PREMIUM INFORMATION

* If a PARTNERSHIP POLICY is selected below and You are age **60 or younger**, 5% Compound Inflation Protection or 3% Compound Inflation Protection must be selected and will be issued with Your Policy. If You are age **61-75**, either 5% Compound Inflation Protection, 3% Compound Inflation Protection or 5% Simple Inflation Protection must be selected and will be issued with Your Policy.

Proposed Applicant 1	**Proposed Applicant 2**
1. Basic Plan Selection ☒ Partnership Policy ☐ Non-Partnership Policy ☐ Facility Services Only ☐ Comprehensive (Facility Services and Home & Community Based Services (HCBS)) ☒ Comprehensive with Indemnity Benefit Rider ☐ Comprehensive with HCBS Monthly Benefit Rider	**1. Basic Plan Selection** ☒ Partnership Policy ☐ Non-Partnership Policy ☐ Facility Services Only ☐ Comprehensive (Facility Services and Home & Community Based Services (HCBS)) ☒ Comprehensive with Indemnity Benefit Rider ☐ Comprehensive with HCBS Monthly Benefit Rider
2. Daily Benefit Amount (DBA) $ 100.00	**2. Daily Benefit Amount (DBA) $** 100.00
3. Benefit Period ☐ Lifetime ☐ 10 Years ☐ 6 Years ☐ 5 Years ☐ 4 Years ☒ 3 Years ☐ 2 Years	**3. Benefit Period** ☐ Lifetime ☐ 10 Years ☐ 6 Years ☐ 5 Years ☐ 4 Years ☒ 3 Years ☐ 2 Years
4. Elimination Period ☐ 30 Days ☐ 60 Days ☒ 90 Days ☐ 180 Days * Please refer to Partnership Program requirements above.	**4. Elimination Period** ☐ 30 Days ☐ 60 Days ☒ 90 Days ☐ 180 Days * Please refer to Partnership Program requirements above.
5. Inflation Protection Riders (may select only one) ☒ 5% Compound Inflation Protection ☐ 3% Compound Inflation Protection ☐ 5% Simple Inflation Protection	**5. Inflation Protection Riders (may select only one)** ☒ 5% Compound Inflation Protection ☐ 3% Compound Inflation Protection ☐ 5% Simple Inflation Protection
6. Return of Premium Riders (may select only one) ☐ Full Return of Premium on Death (*available to age 65*) ☐ Return of Premium on Death **Beneficiary Name** _____ **Relationship** _____ (Designation of Beneficiary is applicable only in conjunction with one of the Return of Premium Riders)	**6. Return of Premium Riders (may select only one)** ☐ Full Return of Premium on Death (*available to age 65*) ☐ Return of Premium on Death **Beneficiary Name** _____ **Relationship** _____ (Designation of Beneficiary is applicable only in conjunction with one of the Return of Premium Riders)
7. Elimination Period Riders (may select only one) (not available with Facility Services Only Plan) ☐ HCBS Waiver of Elimination Period ☐ Enhanced Elimination Period	**7. Elimination Period Riders (may select only one) (not available with Facility Services Only Plan)** ☐ HCBS Waiver of Elimination Period ☐ Enhanced Elimination Period
8. Other Riders ☐ Shortened Benefit Period Nonforfeiture ☐ Restoration of Benefits *(not available w/Lifetime Benefit Period)*	**8. Other Riders** ☐ Shortened Benefit Period Nonforfeiture ☐ Restoration of Benefits *(not available w/Lifetime Benefit Period)*
9. Covered Partner Riders (if applying as Covered Partners both must select any of the following riders) ☐ Waiver of Premium for Covered Partner ☐ Paid Up Survivor *(available only w/Lifetime Premium Payment Option)* ☐ Shared Care **(Covered Partner coverage must be identical)** *(not available w/Lifetime Benefit Period)*	**9. Covered Partner Riders (if applying as Covered Partners both must select any of the following riders)** ☐ Waiver of Premium for Covered Partner ☐ Paid Up Survivor *(available only w/Lifetime Premium Payment Option)* ☐ Shared Care **(Covered Partner coverage must be identical)** *(not available w/Lifetime Benefit Period)*

PART 4: COVERAGE AND PREMIUM INFORMATION (continued)

* Please refer to Partnership Program requirements on page 3.	* Please refer to Partnership Program requirements on page 3.
REJECTION OF INFLATION PROTECTION RIDERS I have reviewed the Outline of Coverage and the graph that compares the benefits and premiums of this policy with and without the Inflation Protection Riders and I have chosen to reject these riders. Check Here ☐ **REJECTION OF NONFORFEITURE RIDER** I have reviewed the Outline of Coverage that describes the Shortened Benefit Period Nonforfeiture Rider and I have chosen to reject the rider. Check Here ☐	**REJECTION OF INFLATION PROTECTION RIDERS** I have reviewed the Outline of Coverage and the graph that compares the benefits and premiums of this policy with and without the Inflation Protection Riders and I have chosen to reject these riders. Check Here ☐ **REJECTION OF NONFORFEITURE RIDER** I have reviewed the Outline of Coverage that describes the Shortened Benefit Period Nonforfeiture Rider and I have chosen to reject the rider. Check Here ☐
10. Discounts (see Application Instructions) ☒ Covered Partner Discount (2 Proposed Applicants) ☐ Partner Discount (1 Proposed Applicant) ☐ Loyal Customer Discount Policy No. _____ ☐ Employer/Association Group Discount Group Name and Number _____ **11. Premium Billing (m*ay select only one*)** ☒ Direct Bill ☒ Annually ☐ Semi-Annually ☐ Quarterly ☐ PAC ☐ List Bill ☐ Annually ☐ Semi-Annually ☐ Quarterly ☐ PAC **12. Premium Payment Options (*may select only one)*** ☐ Standard Lifetime ☐ Discounted Renewals *(only available with Lifetime Premium Payment)* *The following two options are not available under age 40* ☒ 10-Year ☐ Paid-Up at Age 65 *(available to age 55)*	**10. Discounts (see Application Instructions)** ☒ Covered Partner Discount (2 Proposed Applicants) ☐ Partner Discount (1 Proposed Applicant) ☐ Loyal Customer Discount Policy No. _____ ☐ Employer/Association Group Discount Group Name and Number _____ **11. Premium Billing (m*ay select only one*)** ☒ Direct Bill ☒ Annually ☐ Semi-Annually ☐ Quarterly ☐ PAC ☐ List Bill ☐ Annually ☐ Semi-Annually ☐ Quarterly ☐ PAC **12. Premium Payment Options (*may select only one)*** ☐ Standard Lifetime ☐ Discounted Renewals *(only available with Lifetime Premium Payment)* *The following two options are not available under age 40* ☒ 10-Year ☐ Paid-Up at Age 65 *(available to age 55)*
Special Request:	Special Request:

PART 5: OTHER COVERAGE/REPLACEMENT INFORMATION

Proposed Applicant 1	**Proposed Applicant 2**
1. Do you have a policy, certificate or application with this or any other company providing long term care insurance (including health care service contract or health maintenance organization contract)? ☐ Yes ☒ No 2. Did you have another long term care insurance policy or certificate in force during the past 12 months? ☐ Yes ☒ No If that policy lapsed, provide date of lapse _____ 3. Do you intend to replace any of your long term care, medical or health insurance coverage with this policy? ☐ Yes ☒ No If you answered YES to any of the questions 1-3 above, provide full details below and complete the required replacement form(s): Question No. _____ Company/Carrier: _____ Type of Policy: _____ Issue Date: _____ Daily Benefit Amount: $_____ Paid to Date: _____ Question No. _____ Company/Carrier: _____ Type of Policy: _____ Issue Date: _____ Daily Benefit Amount: $_____ Paid to Date: _____	1. Do you have a policy, certificate or application with this or any other company providing long term care insurance (including health care service contract or health maintenance organization contract)? ☐ Yes ☒ No 2. Did you have another long term care insurance policy or certificate in force during the past 12 months? ☐ Yes ☒ No If that policy lapsed, provide date of lapse _____ 3. Do you intend to replace any of your long term care, medical or health insurance coverage with this policy? ☐ Yes ☒ No If you answered YES to any of the questions 1-3 above, provide full details below and complete the required replacement form(s): Question No. _____ Company/Carrier: _____ Type of Policy: _____ Issue Date: _____ Daily Benefit Amount: $_____ Paid to Date: _____ Question No. _____ Company/Carrier: _____ Type of Policy: _____ Issue Date: _____ Daily Benefit Amount: $_____ Paid to Date: _____

PART 6: PROTECTION AGAINST UNINTENTIONAL LAPSE

I understand that I have the right to designate at least one person other than myself to receive notice of lapse or termination of this long term care insurance policy for non-payment of premium. I understand that notice will not be given until thirty (30) days after a premium is due and unpaid.

Proposed Applicant 1 (choose one):	**Proposed Applicant 2 (choose one):**
☒ I elect not to designate any person to receive such notice	☒ I elect not to designate any person to receive such notice
☐ I designate the following person to receive notice prior to cancellation of my policy for non-payment of premium:	☐ I designate the following person to receive notice prior to cancellation of my policy for non-payment of premium:
Name: _____	Name: _____
Address: _____	Address: _____
Phone: (_____)_____	Phone: (_____)_____
Relationship: _____	Relationship: _____

PART 7: COVERED PARTNER OR PARTNER DISCOUNT ELIGIBILITY

To be eligible for the Partner Discount you must be

- married; or
- named in a valid certificate or license of civil union recognized by the state in which the Policy is issued; or
- living with someone for the past three consecutive years in a committed relationship as partners or as family members and sharing basic living expenses; and
  - are not married to each other or anyone else; and
  - not named in a certificate or license of civil union with each other or anyone else; and
  - if related, belong to the same family generation (e.g. siblings, cousins)

To be eligible for the Covered Partner Discount both applicants must meet the above criteria together.

I meet the criteria listed above. ☒ Yes ☐ No	I meet the criteria listed above. ☒ Yes ☐ No

PART 8: PROPOSED APPLICANT STATEMENT

NOTICE OF INSURANCE INFORMATION PRACTICES - To evaluate your application, we will need some personal information about you. It may be necessary to obtain some of that information from sources other than yourself. For your protection, you have a qualified right to learn what information we obtain about you. You also have the right to request correction of any erroneous information. The information we obtain about you will be used by Massachusetts Mutual Life Insurance Company to determine eligibility for insurance and/or benefits under an existing policy and for other business purposes in connection with the insurance relationship. The information obtained may not be released to any person or organization except to reinsuring companies, any third party administrators designated by Massachusetts Mutual Life Insurance Company or other persons or organizations performing services in connection with your application, claim or as may be otherwise lawfully required or as you may further authorize. We will furnish a more detailed summary of our information practices upon request.

AGREEMENT — The answers given are complete and true to the best of my knowledge and belief. I understand that the Company will rely on my written answers to the questions in this application and that if my answers are not complete and true, my policy may not be valid. I also understand that the agent cannot determine eligibility for or alter the terms of the proposed policy.

If a premium is paid to the agent in exchange for a Conditional Receipt, the Company is liable only as stated in that Receipt.

If premium is not paid with this application, I understand that the policy will become effective and in force on the Policy Effective Date only if the following occur: (1) the application is approved by the Company; (2) a policy is issued during the lifetime of the Proposed Applicant; (3) the first premium is paid in full; and (4) there has been no change in the insurability of the Proposed Applicant since the date of completion of the application and the date the policy is delivered.

ACKNOWLEDGMENT — I acknowledge receipt of an Outline of Coverage, NAIC Shopper's Guide, Potential Rate Increase Disclosure Form, Conditional Premium Receipt Information, and the Company's notices about the Medical Information Bureau, Inc. (MIB), the Fair Credit Reporting Act, the Company's privacy practices, and the HIPAA Notice of Privacy Practices.

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

This application in totality will be part of the insurance policy for which I am applying. Further, if this application has been completed by two Proposed Applicants I understand that a copy of this application will be included in my Covered Partner's policy. "I", "you", and "your" mean the Proposed Applicant 1 and if applicable, Proposed Applicant 2 applying for coverage under this application.

CAUTION: If your answers on this application are incorrect or untrue, Massachusetts Mutual Life Insurance Company may have the right to deny benefits or rescind your policy.

Signed at Anytown, ST **On** 3-1-10

(City) (State) (Date)

Signature of Proposed Applicant 1: John Doe

Signature of Proposed Applicant 2: Mary Doe

PART 9: AGENT'S STATEMENT

9A: Rate Information

What Rate Class was proposed?	Did you consult the Field Underwriting Guide to determine rate class?
Proposed Applicant 1: ☒ Ultra Preferred ☐ Select Preferred ☐ Preferred Proposed Applicant 2: ☒ Ultra Preferred ☐ Select Preferred ☐ Preferred	☒ Yes ☐ No

Did the proposed applicant(s) answer YES to any condition in Part 3 of the application? ☐ Yes ☒ No

If Yes, is the condition(s) eligible for the rate class selected? (if No, please explain)

Proposed Applicant 1: ☐ Yes ☐ No Proposed Applicant 2: ☐ Yes ☐ No

9B: Other Coverage and Replacement Information

Is this part of a multi-Life case (i.e. family members, business partners, etc.)	Is there a Disability or Life Application being submitted concurrently with this Application?
Proposed Applicant 1: ☐ Yes ☒ No	Proposed Applicant 1: ☐ Yes ☒ No
Proposed Applicant 2: ☐ Yes ☒ No	Proposed Applicant 2: ☐ Yes ☒ No

Proposed Applicant 1	Proposed Applicant 2
To the best of your knowledge, is the insurance applied for intended to replace any long term care, medical or health insurance in force with this or any company? ☐ Yes ☒ No	To the best of your knowledge, is the insurance applied for intended to replace any long term care, medical or health insurance in force with this or any company? ☐ Yes ☒ No
List any other health insurance policies that you have sold to the Proposed Applicant(s):	List any other health insurance policies that you have sold to the Proposed Applicant(s):
Which of the policies listed above are still in force, if any?	Which of the policies listed above are still in force, if any?
Which of the policies listed above sold in the past 5 years are no longer in force, if any?	Which of the policies listed above sold in the past 5 years are no longer in force, if any?

9C: Forms Delivery and Signatures

Did you provide Proposed Applicant(s) with all required notices? ☒ Yes ☐ No	Did you ask the Proposed Applicant(s) all the questions face to face and witness their signature(s)? ☒ Yes ☐ No
(if "No", provide details)	(if "No", provide details)

9D: Miscellaneous Information

What is the amount of the Conditional Receipt Premium check? $ 2435.03

I certify that the answers to the questions provided by the Proposed Applicant(s) were fully and accurately recorded in the application, and that the questions in the Agent's Statement have been answered accurately. I have reviewed the current health insurance coverage of the Proposed Applicant(s) and find that the coverage of the type and amount applied for is appropriate for the needs of the Proposed Applicant(s). Further, if this is a replacement, I have reviewed the current health insurance coverage of the Proposed Applicant(s) and find that this replacement is appropriate for the needs of the Proposed Applicant(s).

Licensed Agent's Name (please print) John Q. Porter **Ident Code** 1234

Licensed Agent's Signature John Q. Porter **Date** 3-1-10

Agent's Phone (555) 555-1515

Agent's Fax (555) 555-1414 **Agency Number** 5678

MASSACHUSETTS MUTUAL LIFE INSURANCE COMPANY
CONDITIONAL PREMIUM RECEIPT INFORMATION

Proposed Applicant Name (Print)_____

IMPORTANT NOTICE: There is no coverage in effect under this conditional premium receipt until Massachusetts Mutual Life Insurance Company approves the application. In this Conditional Premium Receipt "We", "Us", "Our" refer to Massachusetts Mutual Life Insurance Company.

It is understood and agreed that payment made and accepted under this Conditional Premium Receipt is based on the Initial Premium amount set forth below in accordance with the rate class selected on the Application. The check for the Initial Premium amount must be honored on its first presentation for payment in order for this Conditional Premium Receipt to be valid. The Initial Premium may differ from the first premium due at delivery if coverage is issued other than as applied for or an anticipated discount does not apply.

If We determine that the Proposed Applicant is insurable based on Our underwriting criteria and standards, then We will issue a Policy to be effective on the date that all the **Initial Application Requirements** have been completed to Our satisfaction. However, if a future effective date is requested, then We will issue the Policy to be effective on the requested effective date, if later. In either event, any change in the health status after the date that all of the **Initial Application Requirements** have been completed to Our satisfaction will not affect Our underwriting decision.

For purposes of this Conditional Premium Receipt, the **Initial Application Requirements** are:

1. Proper completion of the required Application and the answer to each question in Part 2 (Insurability Information) of the submitted Application is "No"; and
2. Completion of an initial health examination consisting of either a telephone health interview, an in-person health interview, or a paramedical examination as required by Us in accordance with Our underwriting rules.

The Initial Premium will be returned and this Conditional Premium Receipt will be null and void under any of the following circumstances:

1. Coverage is declined.
2. We are unable to obtain the **Initial Application Requirements** and any other required underwriting documentation We deem necessary to determine insurability within 120 days from the date of the Application.
3. Any unpaid balance of the first premium due at delivery, in accordance with the premium mode you have selected, is not paid upon delivery of the Policy.

AUTHORITY OF THE AGENT: No agent, producer or representative has any power or authority to alter or waive any of the provisions of this agreement.

All premium check must be payable to Massachusetts Mutual Life Insurance Company. Do not make check payable to the agent, agency or leave payee blank.

I have received and read (or had read to me) and understand the Conditional Premium Receipt. I understand that if a future effective date is requested, certain rights and guarantees under the Conditional Premium Receipt may be waived. I agree to its terms and conditions.

Total Amount Received Initial Premium (minimum of two (2) months premium) $	Amount for This Applicant $
Proposed Applicant Signature	Date
Signed at (City, State)	
Signature of Proposed Policy Owner, if different than the Proposed Applicant	
Agent Name (Print)	
Agent Phone	Date
Agent Signature	

MASSACHUSETTS MUTUAL LIFE INSURANCE COMPANY
CONDITIONAL PREMIUM RECEIPT INFORMATION

Proposed Applicant Name (Print)_____

IMPORTANT NOTICE: There is no coverage in effect under this conditional premium receipt until Massachusetts Mutual Life Insurance Company approves the application. In this Conditional Premium Receipt "We", "Us", "Our" refer to Massachusetts Mutual Life Insurance Company.

It is understood and agreed that payment made and accepted under this Conditional Premium Receipt is based on the Initial Premium amount set forth below in accordance with the rate class selected on the Application. The check for the Initial Premium amount must be honored on its first presentation for payment in order for this Conditional Premium Receipt to be valid. The Initial Premium may differ from the first premium due at delivery if coverage is issued other than as applied for or an anticipated discount does not apply.

If We determine that the Proposed Applicant is insurable based on Our underwriting criteria and standards, then We will issue a Policy to be effective on the date that all the **Initial Application Requirements** have been completed to Our satisfaction. However, if a future effective date is requested, then We will issue the Policy to be effective on the requested effective date, if later. In either event, any change in the health status after the date that all of the **Initial Application Requirements** have been completed to Our satisfaction will not affect Our underwriting decision.

For purposes of this Conditional Premium Receipt, the **Initial Application Requirements** are:

1. Proper completion of the required Application and the answer to each question in Part 2 (Insurability Information) of the submitted Application is "No"; and
2. Completion of an initial health examination consisting of either a telephone health interview, an in-person health interview, or a paramedical examination as required by Us in accordance with Our underwriting rules.

The Initial Premium will be returned and this Conditional Premium Receipt will be null and void under any of the following circumstances:

1. Coverage is declined.
2. We are unable to obtain the **Initial Application Requirements** and any other required underwriting documentation We deem necessary to determine insurability within 120 days from the date of the Application.
3. Any unpaid balance of the first premium due at delivery, in accordance with the premium mode you have selected, is not paid upon delivery of the Policy.

AUTHORITY OF THE AGENT: No agent, producer or representative has any power or authority to alter or waive any of the provisions of this agreement.

All premium check must be payable to Massachusetts Mutual Life Insurance Company. Do not make check payable to the agent, agency or leave payee blank.

I have received and read (or had read to me) and understand the Conditional Premium Receipt. I understand that if a future effective date is requested, certain rights and guarantees under the Conditional Premium Receipt may be waived. I agree to its terms and conditions.

Total Amount Received Initial Premium (minimum of two (2) months premium) $	Amount for This Applicant $
Proposed Applicant Signature	Date
Signed at (City, State)	
Signature of Proposed Policy Owner, if different than the Proposed Applicant	
Agent Name (Print)	
Agent Phone	Date
Agent Signature	

Massachusetts Mutual Life Insurance Company

Home Office: Springfield, MA 01111-0001
Long Term Care Administrative Office
P.O. Box 4243
Woodland Hills, CA 91365-4243
888.505.8952

Limited Premium Payment Option Disclosure

You have elected to pay premiums for Your Policy under the 10 Year Premium Payment Option or Paid-Up at Age 65 Premium Payment Option.

Under the Limited Premium Payment Options the cumulative total of premiums You pay will initially be greater than the cumulative total of premiums You would pay under the Standard Lifetime Premium Payment Option.

If You cancel Your Policy

If You cancel Your Policy We will refund the appropriate portion of the most recent premium payment in accordance with Your Policy's REFUND OF UNEARNED PREMIUM provision. No other premiums previously paid will be refunded.

However, the premiums You have paid under the Limited Premium Payment Option, and not refunded, will be included in non-forfeiture and/or return of premium benefits, if any, available to You under Your Policy.

If You Request a Change in the Premium Payment Option

We will only consider a request to change to the Standard Lifetime Premium Payment Option. Your request must be submitted to Us in writing and We may also require further evidence of insurability. If We approve Your request, the change will become effective on Your next Policy Anniversary Date, provided continued payment of premiums due under the Limited Premium Payment Option until Your next Policy Anniversary Date. Further, **no** portion of the difference between the premiums You have paid under the Limited Premium Payment Option and the premiums You would have paid under the Standard Lifetime Premium Payment Option will be:

- applied to any future renewal premiums; or
- refunded to You.

I (We) have read, understand and agree to the above terms and conditions of the Limited Premium Payment Options.

Name - Proposed Applicant 1, or Policy Owner, if different (please print)	Signature of Proposed Applicant 1, or Policy Owner, if different	Date
Name - Proposed Applicant 2, or Policy Owner, if different (please print)	Signature of Proposed Applicant 2, or Policy Owner, if different	Date
Licensed Agent's Name (please print)	Licensed Agent's Signature	Date
Ident. Code		

SERFF Tracking Number:	*LFCR-126567407*	*State:*	*Arkansas*
Filing Company:	*Massachusetts Mutual Life Insurance Company*	*State Tracking Number:*	*45329*
Company Tracking Number:	*MM500 2010 REFINEMENTS - AR*		
TOI:	*LTC03I Individual Long Term Care*	*Sub-TOI:*	*LTC03I.001 Qualified*
Product Name:	*SignatureCare*		
Project Name/Number:	*/*		

Supporting Document Schedules

Item Status: **Status Date:**

Satisfied - Item: Flesch Certification
Comments:
Attachment:
AR MM500 Ref Flesch Cert.pdf

Item Status: **Status Date:**

Bypassed - Item: Application
Bypass Reason: Attached in Form Schedule
Comments:

Item Status: **Status Date:**

Bypassed - Item: Health - Actuarial Justification
Bypass Reason: N/A
Comments:

Item Status: **Status Date:**

Bypassed - Item: Outline of Coverage
Bypass Reason: Attached in Form Schedule
Comments:

Item Status: **Status Date:**

Satisfied - Item: Cover Sheet
Comments:
Attachment:
AR MM500 Ref Cover Sheet.pdf

SERFF Tracking Number:	*LFCR-126567407*	*State:*	*Arkansas*
Filing Company:	*Massachusetts Mutual Life Insurance Company*	*State Tracking Number:*	*45329*
Company Tracking Number:	*MM500 2010 REFINEMENTS - AR*		
TOI:	*LTC03I Individual Long Term Care*	*Sub-TOI:*	*LTC03I.001 Qualified*
Product Name:	*SignatureCare*		
Project Name/Number:	*/*		

Item Status: **Status Date:**

Satisfied - Item: Certification of Compliance
Comments:
Attachment:
AR MM500 2010 REF CERT OF COMPLIANCE.pdf

Item Status: **Status Date:**

Satisfied - Item: Actuarial Addendum
Comments:
Attachment:
AR MM500 Ref Act Addendum 033010.pdf

Item Status: **Status Date:**

Satisfied - Item: Authorization
Comments:
Attachment:
F8186 0210.pdf

FLESCH SCALE CERTIFICATE

FORM NUMBER:

MM500R-COMP	Compound Inflation Protection Rider
MM500R-SIMP	Simple Inflation Protection Rider
MM500R-INDM	Indemnity Benefit Rider

NUMBER OF WORDS:
(**X**) 10,000 or less. Entire forms were analyzed.
( ) More than 10,000 words. 200 word samples per page were analyzed.

Massachusetts Mutual Life Insurance Company certifies that a Flesch Scale Readability test has been applied to the above forms. The score for each form is as follows:

MM500R-COMP 53
MM500R-SIMP 55
MM500R-INDM.....51

Paul M. Gribbons
Vice President, DI/LTCi, Product Development

February 22, 2010

FORM FILING COVER SHEET

POLICY FORMS FILED FOR USE AS **QUALIFIED TAX STATUS:**

MM500 PRODUCT ENHANCEMENTS 2010:

MM500R-COMP	Compound Inflation Protection Rider (3% and 5%, options)
MM500R-SIMP	Simple Inflation Protection Rider
MM500R-INDM	Indemnity Benefit Rider
MM500-OOC-AR	Outline of Coverage for long Term Care Policy
MM501-OOC-AR	Outline of Coverage for Facility Services Only Insurance Policy
MM500-AP-AR	Application for Long Term Care Insurance Policy
MM500-CNRT	Conditional Premium Receipt Information
MMD-LTD	Limited Premium Payment Option Disclosure
F8186 0210	Authorization (informational)
	Actuarial Addendum

The above referenced forms will be used with the following forms, previously approved for use, as indicated in the filing cover letter.

MM500-P-AR	Long Term Care Insurance Policy
MM501-P-AR	Facility Services Only Insurance Policy
MM500R-SBN	Shortened Benefit Period Nonforfeiture Rider
MM500R-FROP	Full Return of Premium on Death Rider
MM500R-ROP	Return of Premium on Death Rider
MM500R-EEP	Enhanced Elimination Period Rider
MM500R-MTH	HCBS Monthly Benefit Rider
MM500R-WOE	HCBS Waiver of Elimination Period Rider
MM500R-WOP	Waiver of Premium for Covered Partner Rider
MM500R-SVR	Paid-Up Survivor Benefit Rider
MM500R-SCB	Shared Care Rider
MM500R-ROB	Restoration of Benefits Rider
MM500-AO	Supplemental Application for Policy Ownership
MME-10P	10-Year Premium Payment Endorsement
MME-P65	Paid-Up at Age 65 Premium Payment Endorsement
MME-CNF	Contingent Benefit Upon Lapse
MMD-LCD	Loyal Customer Discount Disclosure
MMD-DRP	Discounted Renewals Premium Payment Option Disclosure
MM500-WRK	Long Term Care Insurance Personal Worksheet

The above referenced forms will be used with the following forms, as filed under SERFF Filing #LFCR-125715451 on 7/21/08.

CNFLP1	Contingent Benefit Upon Lapsefor Limited Pay Policy
MME-RED1	Lowering Premiums by Reducing Benefits Endorsement
MM-N-LTC	Things You Should Know Before You Buy Long-Term Care Insurance
MM-N-PRI-LP	Potential Rate Increase Disclosure Form
MMD-PRT-AR	Important Notice Regarding Your Policy's LTC Insurance Partnership Status
MMN-PRT-AR	Important Consumer Information Regarding the Arkansas Long Term Care Insurance Partnership Program

The following forms were approved for use under a separate filing. Copies of the approved forms (and approval dates) were included with the prior filing referenced in the filing cover letter.

MM-0116-B-2 0907	Replacement Form
MM-0166	Important Notice to Persons on Medicare
None	Sample Long Term Care Insurance Suitability Letter

CERTIFICATION OF COMPLIANCE

Insurer: Massachusetts Mutual Life Insurance Company

The company has reviewed the enclosed policy form(s) and certified that they comply with the provision of Regulation 19 as well as all applicable requirements of the Arkansas Department of Insurance.

Signature: 

Name: Julie Sotrry

Title: Senior Compliance Analyst

Date: March 30, 2010

Massachusetts Mutual Life Insurance Company
Actuarial Addendum
To
Policy Forms MM-500-P-AR, et.al.

1. Purpose and Scope

The purpose of this memorandum is to justify the premium rate factors for the proposed rider forms. The proposed rider forms will be available to the policy form MM-500-P-AR, et. al. which was previously approved for use in your state as indicated in the accompanying filing cover letter. The following is a list of the proposed forms being filed on a nationwide basis.

Item	Form Number
Indemnity Benefit Rider	MM500R-INDM
Compound Inflation Protection Rider	MM500R-COMP

2. Benefit Description

These optional riders modify the Long Term Care Insurance benefits available under the policy to which they are attached.

Indemnity Benefit Rider – a change in the current rider language is proposed such that the benefit paid will be the full DBA for each day of service regardless of the actual cost of services. Services must be received in accordance with a written plan of care to receive the benefit.

Compound Inflation Protection Rider – inflates the DBA by 3% as well as 5% each year. All other benefit amounts are increased in proportion to the increase in the DBA. **The rates for the previously approved 5% Compound Inflation Protection remained unchanged from the previous filing indicated in the filing cover letter.**

3. Renewability

The proposed forms are guaranteed renewable for life of the insured.

4. Applicability

The rates are being filed on a nationwide basis and will be marketed to new policyholders upon approval and when made available in your state.

5. Morbidity

The morbidity assumptions used to develop the proposed rates are identical to those used to develop the rates associated with the company's currently approved policy form (MM-500-P-AR, et al.).

6. Mortality

The Mortality assumptions used to develop the proposed rates are identical to those used to develop the rates associated with the company's currently approved policy form (MM-500-P-AR, et al.).

7. Lapse Rates

The Lapse assumptions used to develop the proposed rates are identical to those used to develop the rates associated with the company's currently approved policy form (MM-500-P-AR, et al.).

8. Expenses

The expense assumptions used to develop the proposed rates are identical to those used to develop the rates associated with the company's currently approved policy form (MM-500-P-AR, et al.) with the following exception. The company has decided to modify the commission scale associated with the MM-500-P as follows:

	Multi-Life Business	
Policy Year	No	Yes
1	50.00%	40.00%
2 to 10	6.00%	6.00%
11+	1.00%	1.00%

This commission scale will apply to all commissionable premiums. Commissionable premium for MM-500-P policies will vary according to premium payment option selected as follows:

- 100% of the Gross Premium for policies with the Standard Lifetime Premium Payment Option
- 75% of the Gross Premium for policies with the Non-Standard Premium Payment Options which include:
  - i. Discounted Renewal Premium Payment Option
  - ii. 10-Year Paid-Up Premium Payment Option
  - iii. Paid-Up at Age 65 Premium Payment Option

This represents no change in renewal commission for the standard premium payment option and a reduction in renewal commissions for the other premium payment options. Therefore this change does not impact the actuary's ability to certify the difference between the gross premium and the net valuation premium for renewal years is sufficient to cover the expected renewal expenses.

9. Marketing Method

MM-500-P-AR, et. al. is sold through the company's career agency system. This includes company career agents and independent brokers contracting through one of the company's general agencies

10. Underwriting

The riders are underwritten in accordance with the policy to which they are to be attached.

11. Premium Classes

The premium for a policy with the indemnity rider will be 1.22 times the premium for the same policy without the rider. Premium factors for the 3% Compound Inflation Rider are attached as Exhibit 1. Rates for 5% remained unchanged from those approved under the original filing indicated in the filing cover letter.

12. Issue Age Range

The issue ages are from 18 to 84

13. Area Factors

Area factors were not used in the pricing of these policy forms.

14. Average Annual Premium

Since the inception of MM-500-P-AR through 12/31/2009, the average annual premium is $3,272.

15. Minimum Required Loss Ratio

This is the initial filing of premium factors for these rider forms. Therefore the minimum loss ratio requirement does not apply.

16. Distribution of Business

Anticipated Rider Take Rates	
Rider	Percent of Policies
Indemnity	25%
3% Compound Inflation Protection	35%

17. Contingency and Risk Margins

The premium rates for MM500-P-AR, et. al. produce the company's minimum target rate of return on allocated capital based on pricing assumptions, which include margin for moderately adverse deviation.

18. Proposed Effective Date

The policy forms are being filed on a nationwide basis and will be marketed when a sufficient number of states have approved the forms, rates, and advertising to allow for an efficient product roll-out.

Actuarial Certification

I, Kevin B. Waterman, FSA, MAAA, am a member of the American Academy of Actuaries. I meet the Academy's qualification standards for rendering this opinion and am familiar with the requirements for filing long term care insurance premiums.

In my opinion the initial premium rate schedule is sufficient to cover anticipated costs under moderately adverse experience and the premium rate schedule is reasonably expected to be sustainable over the life of the form with no future premium increases anticipated.

I have reviewed and taken into consideration the policy design and coverage provided.

I have reviewed and taken into consideration the company's current underwriting and claims adjudication processes.

The premium rate schedule is not less than the premium rate schedule for currently marketed policy forms.

Contract Reserves

Methodology: 1 Year Full Preliminary Term

Assumptions:

Morbidity: Pricing Morbidity plus margin for moderately adverse experience.

Mortality: Pricing Mortality plus margin for moderately adverse experience.

Voluntary Lapse:

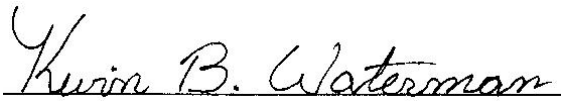
- The lesser of 80% of the pricing lapse rate and 6% in the first policy year; and
- The lesser of 80% of the pricing lapse rate and 4% in policy years 2 through 4; and
- The lesser of the pricing lapse rate and 2% in policy years 5+

Valuation Interest Rate: The whole life valuation interest rate for the year in which the policy was issued (currently 4.00%).

The assumptions used for reserves contain reasonable margins for adverse experience.

The net valuation premium for renewal years does not increase.

The difference between the gross premium and the net valuation premium for renewal years is sufficient to cover the expected renewal expenses.



Kevin B. Waterman, FSA, MAAA
AVP & Actuary
Massachusetts Mutual Life Insurance Company
Tel: (860) 562-3880
Fax: (860) 562-6141
Email: kevinwaterman@massmutual.com

Exhibit 1
3% Compound Inflation Protection
Premium Rate Factors

Issue Age	Base Factor: 3% Compound Inflation	Additional Factors for Limited Pay Options: 10-Year Paid-Up Premium	Additional Factors for Limited Pay Options: Paid-Up at Age 65 Premium
18 to 40	1.905	3.072	1.667
41	1.901	3.045	1.680
42	1.898	3.019	1.693
43	1.889	2.997	1.731
44	1.877	2.975	1.770
45	1.868	2.953	1.809
46	1.857	2.931	1.850
47	1.848	2.909	1.891
48	1.848	2.881	1.962
49	1.850	2.854	2.036
50	1.850	2.827	2.113
51	1.829	2.800	2.192
52	1.809	2.774	2.275
53	1.833	2.725	2.387
54	1.859	2.676	2.505
55	1.883	2.629	2.629
56	1.824	2.582	
57	1.765	2.536	
58	1.748	2.468	
59	1.732	2.401	
60	1.715	2.337	
61	1.679	2.274	
62	1.643	2.213	
63	1.628	2.146	
64	1.615	2.081	

Issue Age	Base Factor: 3% Compound Inflation	Additional Factors for Limited Pay Options: 10-Year Paid-Up Premium	Additional Factors for Limited Pay Options: Paid-Up at Age 65 Premium
65	1.600	2.018	
66	1.550	1.956	
67	1.502	1.897	
68	1.489	1.836	
69	1.475	1.776	
70	1.462	1.719	
71	1.434	1.663	
72	1.406	1.609	
73	1.375	1.569	
74	1.344	1.530	
75	1.314	1.492	
76	1.335	1.454	
77	1.357	1.418	
78	1.344	1.400	
79	1.331	1.382	
80	1.319	1.364	
81	1.330	1.346	
82	1.342	1.329	
83	1.354	1.312	
84	1.366	1.295	

MassMutual
FINANCIAL GROUP℠

Massachusetts Mutual Life Insurance Company
and affiliates, Springfield, MA 01111-0001

Authorization for Release of Personal Health-Related Information
This authorization complies with the HIPAA Privacy Rule

_____ ____/____/____
Name of proposed insured/patient (please print) Date of birth

I authorize any health plan, physician, health care professional, hospital, clinic, laboratory, pharmacy, medical facility, or other health care provider that has provided payment, treatment or services to me or on my behalf within the past 10 years ("My Providers") to disclose my entire medical record and any other personal health information concerning me. I further authorize any insurance company, my insurance agent, the MIB, Inc., pharmacy data search companies, consumer reporting agencies, the Department of Motor Vehicles or other state or federal government agency ("Other Persons") that has any record or knowledge of me or my health to give the Companies all such information.

This includes information on the diagnosis or treatment of Human Immunodeficiency Virus (HIV) infection and sexually transmitted diseases unless otherwise restricted under state law. This also includes information on the diagnosis and treatment of mental illness and the use of alcohol, drugs, and tobacco, but excludes psychotherapy notes. Psychotherapy notes means notes recorded (in any medium) by a health care provider who is a mental health professional documenting or analyzing the contents of conversation during a private counseling session or a group, joint, or family counseling session and that are separated from the rest of the individual's medical record. Psychotherapy notes excludes (meaning the following information is included in this authorization) medication prescription and monitoring, counseling session start and stop times, the modalities and frequencies of treatment furnished, results of clinical tests, and any summary of the following items: diagnosis, functional status, the treatment plan, symptoms, prognosis, and progress to date.

By my signature below, I acknowledge that any agreements I have made to restrict my personal health information do not apply to this authorization and I instruct My Providers and Other Persons to release and disclose my entire medical record without restriction.

This information may be disclosed to the Massachusetts Mutual Life Insurance Company and its affiliated insurance companies, its agents, employees, and representatives (collectively referred to as "The Companies") and its reinsurers.

The Companies and its reinsurers may disclose information obtained by this authorization to the MIB, Inc., reinsurers my insurance agent, and other persons and entities performing business or legal services in connection with my application.

I understand that a copy of my application will be attached to my policy at time of delivery and further may also be attached to any policy of a co-applicant who is issued coverage as a result of the same application.

This personal health information is to be disclosed under this Authorization so that The Companies may: 1) underwrite my application for coverage, make eligibility, risk rating, policy issuance, enrollment and premium determinations; 2) obtain reinsurance; and 3) conduct other legally permissible activities that relate to any coverage I have applied for with The Companies.

This authorization shall remain in force for 24 months following the date of my signature below, and a photocopy or facsimile of this authorization is as valid as the original.

I understand that I have the right to revoke this authorization in writing, at any time, by sending a written request for revocation to **Massachusetts Mutual Life Insurance Company and its affiliated insurance companies at 1295 State Street, Springfield, MA 01111-0001 Attention: Authorization Administrator.** I understand that a revocation is not effective to the extent that any of My Providers or Other Persons have relied on this Authorization or to the extent that The Companies have a legal right to contest a claim under an insurance policy or to contest the policy itself.

I understand that some information obtained pursuant to this authorization may be disclosed to persons or organizations that are not subject to the federal health information privacy laws and no longer protected under such laws. I further understand that such information may be re-disclosed only in accordance with applicable laws or regulations.

I understand that My Providers may not refuse to provide treatment or payment for health care services if I refuse to sign this authorization. I further understand that if I refuse to sign this authorization to release my complete medical record, The Companies may not be able to process my application. I acknowledge that I have received a copy of this authorization.

_____
Signature of Proposed Insured/Patient or Personal Representative Date

_____
Print name of signature above

_____
Description of Personal Representative's Authority or Relationship to Patient